MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

NEW JERSEY

Part 2
Madison-Wyckoff

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare/Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.

Gail R. Wilensky

Gail R. Wilensky, Ph.D.
Administrator

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USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and

- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the nome met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

State of New Jersey
DEPARTMENT OF HEALTH
HEALTH FACILITIES EVALUATION
CN 367, TRENTON, N.J. 08625-0367

MOLLY JOEL COYE, M.D., M.P.H.
COMMISSIONER

OVERVIEW OF NURSING HOME LICENSURE PROGRAM

Authority for New Jersey state licensure activities comes from the Health Care Facilities Planning Act. The Planning Act clearly declares it to be the public policy of the State that health care services of the highest quality, of demonstrated need, at a reasonable cost, be efficiently provided and properly utilized in order to provide for the protection and promotion of the health of the citizens of New Jersey.

Licensure of all health care facilities, according to the mandates of the Planning Act, is carried out by the Division of Health Facilities Evaluation of the New Jersey State Department of Health. Division activities are carried out by four major operating units which oversee construction and monitor physical plant safety, evaluate patient care through the inspection process, license and recommend certification of health care providers, and develop new initiatives through the standards and quality assurance program. The current long term licensure regulations have been in effect since June 20, 1988. The regulations include advisory standards as well as mandatory requirements. The addition of the advisory standards provides an evaluative tool by which consumers can compare the level of services provided by various nursing homes.

Each nursing home is inspected at least twice during the first year of operation and at least annually thereafter. When violations are found on an inspection, a reinspection is always conducted to verify corrective action. A recommendation for continued licensure or penalty action stems from the inspection process. In addition, the division investigates every complaint received about the quality of health care services in licensed facilities.

THE LICENSURE PROCESS

The Department has adopted the following process leading to the issuance of a long term care facility license:

1. Certificate of Need
2. Completed licensure application and fee
3. Local approval in zoning, building, fire and health
4. State approval of the physical plant
5. Department of Health pre-operation survey
6. Office conference with operator
7. Phase-in of residents

OVERVIEW OF ENFORCEMENT SYSTEM

The Department has adopted the following process for taking enforcement action against a licensed long term care facility:

THE PENALTY PROCESS:

1. Curtailment of admissions
2. Fine of up to $1,000 per violation per day
3. Suspension of license and removal of patients
4. Provisional license
5. Revocation of license
6. Receivership

In addition, the Health Care Facilities Planning Act was amended in 1986 to establish the Health Care Facilities Improvement Fund. This fund gives the Department the authority and the financial resources to take corrective action in a health care facility which is in violation of a licensure standard and in which the owner or operator is unwilling or unable to make the necessary corrections. All monies collected from penalties are deposited in this dedicated fund. The fund enables the department of Health to protect the health and safety of patients in any circumstance that might occur.

For information about state compliance actions, inquiries should be directed to:

Dr. Solomon Goldberg, Director of Licensing and Certification
Division of Health Facilities Evaluation and Licensing
300 Whitehead Road
CN 367
Trenton, NJ 08625-0367
609-588-7726

RESOURCES AVAILABLE TO CONSUMERS

NEW JERSEY STATE DEPARTMENT OF HEALTH

Division of Health Facilities Evaluation & Licensing
300 Whitehead Road
CN 367
Trenton, NJ 08625-0367
1-800-792-9770
609-588-7725

The Department of Health inspects and licenses all nursing home in New Jersey.

The Department also provides lists of licensed nursing homes, deficiency and descriptive profiles of individual nursing homes, and a New Jersey Consumer Guide to Selecting a Nursing Home. This information on selecting a nursing home can be obtained free of charge by calling 1-800-367-6543, within New Jersey, or 609-588-7779.

The Department of Health also investigates all complaints received about the quality of patient care in licensed facilities. To file a complaint, call 1-800-792-9770.

The results of all nursing home surveys are available for review at the office of the Department of Health. Copies may be purchased for a nominal charge.

NEW JERSEY STATE OFFICE OF THE OMBUDSMAN FOR THE INSTITUTIONALIZED ELDERLY

28 West State Street
CN 808
Trenton, NJ 08625-0808
1-800-292-8016
609-292-8016

This office is an independent advocate for nursing home patients. The Office of the Ombudsman investigates complaints, monitors the effectiveness of regulatory agencies, and is the primary agency for investigating allegations of abuse against the elderly.

NEW JERSEY STATE DEPARTMENT OF HUMAN SERVICES

Division of Medical Assistance and Health Services
7 Quakerbridge Plaza
CN 712
Trenton, NJ 08625-0712
609-588-2630

The Division of Medical Assistance administers the Medicaid program in New Jersey. This office will provide information on medical eligibility for Medicaid coverage for nursing home care. There are 16 Medicaid District offices throughout the state which can be located through local telephone directories or through the main information number above.

The Division of Medical Assistance publishes a Guide to Long Term Care and Community Services in New Jersey.

The Division of Medical Assistance will also investigate any allegations of Medicaid fraud or abuse of Medicaid funds.

NEW JERSEY STATE DEPARTMENT OF COMMUNITY AFFAIRS

Division of Aging
363 West State Street
CN 807
Trenton, New Jersey 08625-0807
1-800-792-8820

The Division on Aging provides information and referrals to a wide range of services for the elderly throughout the state.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See Urinary Catheter.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
STATESBORO NURSING HOME

Street Address:		**City and State:**	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self explanatory
Street Address:	Self explanatory
City and State:	Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:

Medicare Residents:

Medicaid Residents:

	FACILITY		STATE	NATION
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

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NURSING HOME PROFILE
PINE ACRES CONVALESCENT CENTER

Street Address: 51 MADISON AVE		**City and State:** MADISON, NJ 07940	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	88.8	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	91	92.9	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	84	85.7	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	88.8	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	83.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	5	5.1	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	38.8	37.8	39.1
Completely bedfast residents.	10	10.2	2.5	3.2
Residents confined to chairs.	42	42.9	51.9	52.3
Residents requiring restraints.	38	38.8	40.4	40.4
Confused or disoriented residents.	61	62.2	59.0	58.6
Residents with bed sores.	5	5.1	8.8	7.6
Residents receiving special skin care.	45	45.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F100 F116 F119 F129* F134 F170 F175
F176 F196* F197 F198 F199 F207 F208 F211
F218* F219 F224 F321 F322* F332* F340* F342
F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANAHAWKIN CONVALESCENT CENTER

Street Address: 1121 RTE #72		**City and State:** MANAHAWKIN, NJ 08050	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	2	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	52.2	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	96	85.0	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	73	64.6	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	60.2	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	67.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	3.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	30.1	37.8	39.1
Completely bedfast residents.	1	0.9	2.5	3.2
Residents confined to chairs.	29	25.7	51.9	52.3
Residents requiring restraints.	59	52.2	40.4	40.4
Confused or disoriented residents.	24	21.2	59.0	58.6
Residents with bed sores.	5	4.4	8.8	7.6
Residents receiving special skin care.	57	50.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F138 F175 F191* F231 F321 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSEWOOD MANOR NURSING CTR

Street Address: ROUTE 38 AND MILL RD		**City and State:** MAPLE SHADE, NJ 08052	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 172	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151	**Medicare Residents:** 14	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	73.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	117	77.5	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	100	66.2	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	64.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	58.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	6	4.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	22.5	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	98	64.9	51.9	52.3
Residents requiring restraints.	75	49.7	40.4	40.4
Confused or disoriented residents.	100	66.2	59.0	58.6
Residents with bed sores.	15	9.9	8.8	7.6
Residents receiving special skin care.	8	5.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	NOT MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F084 F126 F127* F132* F137 F170 F175
F182 F191* F197 F199 F206 F218* F224 F234
F236 F285 F313* F321 F322* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STERLING MANOR

Street Address: 794 N FORKLANDING RD		**City and State:** MAPLE SHADE, NJ 08052	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/01/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 2	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	93.2	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	105	89.7	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	98	83.8	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	78.6	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	67.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	48	41.0	37.8	39.1
Completely bedfast residents.	5	4.3	2.5	3.2
Residents confined to chairs.	83	70.9	51.9	52.3
Residents requiring restraints.	74	63.2	40.4	40.4
Confused or disoriented residents.	72	61.5	59.0	58.6
Residents with bed sores.	17	14.5	8.8	7.6
Residents receiving special skin care.	27	23.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101
F126
F127*
F129*
F133*
F134
F135
F170
F180
F191*
F196*
F197
F206
F218*
F225
F227
F321
F322*
F333
F339
F342
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARE INN OF VOORHEES

Street Address: KRESSON & EVESHAM RDS		**City and State:** MARLTON, NJ 08053	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
184	33	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	142	77.2	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	147	79.9	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	127	69.0	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	90.8	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	73.4	69.7	69.4
Residents on individually written bowel and bladder retraining program.	5	2.7	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	27.7	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	55	29.9	51.9	52.3
Residents requiring restraints.	43	23.4	40.4	40.4
Confused or disoriented residents.	64	34.8	59.0	58.6
Residents with bed sores.	7	3.8	8.8	7.6
Residents receiving special skin care.	44	23.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F114 F118 F119 F126 F127* F128* F129*
F132* F170 F173* F180 F191* F199 F206 F217
F224 F227 F322* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILEY MISSION INC

Street Address: 99 E MAIN ST		**City and State:** MARLTON, NJ 08053	
Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	82.5	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	49	86.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	43	75.4	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	75.4	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	96.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	1.8	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	33.3	37.8	39.1
Completely bedfast residents.	3	5.3	2.5	3.2
Residents confined to chairs.	27	47.4	51.9	52.3
Residents requiring restraints.	20	35.1	40.4	40.4
Confused or disoriented residents.	32	56.1	59.0	58.6
Residents with bed sores.	1	1.8	8.8	7.6
Residents receiving special skin care.	14	24.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F210 F321 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EMERY MANOR

Street Address: RT 34		**City and State:** MATAWAN, NJ 07747	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 2	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	76.8	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	87	91.6	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	78	82.1	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	82.1	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	82.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	31.6	37.8	39.1
Completely bedfast residents.	4	4.2	2.5	3.2
Residents confined to chairs.	71	74.7	51.9	52.3
Residents requiring restraints.	45	47.4	40.4	40.4
Confused or disoriented residents.	67	70.5	59.0	58.6
Residents with bed sores.	3	3.2	8.8	7.6
Residents receiving special skin care.	14	14.7	29.3	31.4

MATAWAN, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F127* F170 F174 F175 F191* F196*
F197 F199 F206 F236 F322* F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MOUNT PLEASANT MANOR

Street Address: 38 FRENEAU AVE		**City and State:** MATAWAN, NJ 07747	
Participation: MEDICAID SNF/ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	65.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	24	92.3	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	16	61.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	88.5	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	50.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	23.1	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	0	0.0	51.9	52.3
Residents requiring restraints.	0	0.0	40.4	40.4
Confused or disoriented residents.	3	11.5	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	0	0.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132*   F170   F191*   F330   F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEDFORD CONVALESCENT NURSING CENTER

Street Address: 185 TUCKERTON ROAD		**City and State:** MEDFORD, NJ 08055	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
172	16	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	83.7	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	136	79.1	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	106	61.6	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	65.7	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	53.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	5	2.9	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	50	29.1	37.8	39.1
Completely bedfast residents.	6	3.5	2.5	3.2
Residents confined to chairs.	52	30.2	51.9	52.3
Residents requiring restraints.	68	39.5	40.4	40.4
Confused or disoriented residents.	115	66.9	59.0	58.6
Residents with bed sores.	16	9.3	8.8	7.6
Residents receiving special skin care.	55	32.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATIC	
			#	%	#	
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F102 F118 F119 F123* F124 F125* F126
F127* F128* F129* F130 F131* F132* F133* F134
F139 F167* F168* F169 F170 F173* F175 F179
F180 F181* F182 F189 F190 F191* F197 F199
F206 F224 F227 F321 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEDFORD LEAS

Street Address: RT 70

City and State: MEDFORD, NJ 08055

Participation: MEDICARE SNF

# of Beds: 142

Type of Ownership: NON-PROFIT RELIGIOUS

Survey Date: 11/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15

Medicare Residents: 0

Medicaid Residents: 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	66.7	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	12	80.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	14	93.3	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	93.3	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	86.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	40.0	37.8	39.1
Completely bedfast residents.	1	6.7	2.5	3.2
Residents confined to chairs.	2	13.3	51.9	52.3
Residents requiring restraints.	0	0.0	40.4	40.4
Confused or disoriented residents.	10	66.7	59.0	58.6
Residents with bed sores.	3	20.0	8.8	7.6
Residents receiving special skin care.	3	20.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F191* F224 F331 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOLLY MANOR NH

Street Address: 84 PITNEY COLD HILL RD		**City and State:** MENDHAM, NJ 07945	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	5	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	76.6	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	92	86.0	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	78	72.9	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	83.2	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	74.8	69.7	69.4
Residents on individually written bowel and bladder retraining program.	7	6.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	51.4	37.8	39.1
Completely bedfast residents.	4	3.7	2.5	3.2
Residents confined to chairs.	40	37.4	51.9	52.3
Residents requiring restraints.	64	59.8	40.4	40.4
Confused or disoriented residents.	71	66.4	59.0	58.6
Residents with bed sores.	11	10.3	8.8	7.6
Residents receiving special skin care.	55	51.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

MENDHAM, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F119 F133* F170 F181* F196* F199 F206
F237* F322* F332* F342 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERCERVILLE NURSING CONV CENTER

Street Address: 2240 WHITEHORSE-MERCERVILLE RD		**City and State:** MERCERVILLE, NJ 08619	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 8	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	88.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	89	92.7	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	82	85.4	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	83.3	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	76.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	33.3	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	79	82.3	51.9	52.3
Residents requiring restraints.	69	71.9	40.4	40.4
Confused or disoriented residents.	55	57.3	59.0	58.6
Residents with bed sores.	4	4.2	8.8	7.6
Residents receiving special skin care.	17	17.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F196* F199 F330 F332* F333 F343 F345*
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
UNIVERSITY CTR FOR CONTINUING CARE

Street Address:
1059 EDINBURG RD

City and State:
MERCERVILLE, NJ 08690

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
180

Type of Ownership:
PROPRIETARY

Survey Date:
10/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
156

Medicare Residents:
5

Medicaid Residents:
111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	83.3	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	146	93.6	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	130	83.3	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	93.6	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	82.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	2.6	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	23.1	37.8	39.1
Completely bedfast residents.	4	2.6	2.5	3.2
Residents confined to chairs.	116	74.4	51.9	52.3
Residents requiring restraints.	86	55.1	40.4	40.4
Confused or disoriented residents.	101	64.7	59.0	58.6
Residents with bed sores.	14	9.0	8.8	7.6
Residents receiving special skin care.	78	50.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F098 F100 F101 F105 F107 F111*
F112* F114 F119 F123* F124 F125* F127* F128*
F130 F131* F132* F133* F139 F141 F167* F168*
F170 F171 F172 F173* F174 F175 F182 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROOSEVELT HOSP-ECF

Street Address: PARSONAGE RD

City and State: METUCHEN, NJ 08840

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 530

Type of Ownership: LOCAL GOVERNMENT

Survey Date: 05/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 474

Medicare Residents: 55

Medicaid Residents: 270

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	395	83.3	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	433	91.4	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	392	82.7	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	393	82.9	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	391	82.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	11	2.3	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	201	42.4	37.8	39.1
Completely bedfast residents.	4	0.8	2.5	3.2
Residents confined to chairs.	353	74.5	51.9	52.3
Residents requiring restraints.	320	67.5	40.4	40.4
Confused or disoriented residents.	266	56.1	59.0	58.6
Residents with bed sores.	45	9.5	8.8	7.6
Residents receiving special skin care.	339	71.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F137 F167* F170 F181* F191* F197 F199
F206 F232 F236 F321 F332* F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERIDIAN NURSING CENTER OF MILLVILLE

Street Address: 54 SHARP STREET		**City and State:** MILLVILLE, NJ 08322	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 8	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	86.1	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	100	87.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	84	73.0	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	73.9	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	62.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	35.7	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	74	64.3	51.9	52.3
Residents requiring restraints.	54	47.0	40.4	40.4
Confused or disoriented residents.	64	55.7	59.0	58.6
Residents with bed sores.	9	7.8	8.8	7.6
Residents receiving special skin care.	32	27.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	3.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An on-going program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MILLVILLE, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F191* F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MADISON NH

Street Address: 31 MADISON AVE		**City and State:** MONTCLAIR, NJ 07042	
Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	76.2	57.5	78.5
Dressing Residents requiring some or total assistance in dressing.	16	76.2	62.8	76.5
Toileting Residents requiring some or total assistance in toileting.	12	57.1	43.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	52.4	49.8	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	52.4	38.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	19.0	19.7	30.4
Completely bedfast residents.	0	0.0	0.1	2.8
Residents confined to chairs.	5	23.8	21.3	40.9
Residents requiring restraints.	0	0.0	22.3	30.9
Confused or disoriented residents.	9	42.9	55.5	55.4
Residents with bed sores.	0	0.0	2.9	4.8
Residents receiving special skin care.	1	4.8	17.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	6.3	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	4	25.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	5	31.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	1	6.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	2	12.5	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	1	6.3	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	6.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	11	68.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	6	37.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	25.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	1	6.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	8	50.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	1	6.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	4	25.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F170 F191* F196* F199 F242* F250 F313*
F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST VINCENTS NH

Street Address: 45 ELM ST		**City and State:** MONTCLAIR, NJ 07042	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 137	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
137	5	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	74.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	108	78.8	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	96	70.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	63.5	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	69.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	3	2.2	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	32.8	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	39	28.5	51.9	52.3
Residents requiring restraints.	69	50.4	40.4	40.4
Confused or disoriented residents.	87	63.5	59.0	58.6
Residents with bed sores.	10	7.3	8.8	7.6
Residents receiving special skin care.	34	24.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/NOT MET 87-88	FACILITY MET/NOT MET 88-89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88-89 STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents personal funds. An accounting report is made to each resident in a skilled nursing facility every three months	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET NOT MET 87 88	FACILITY MET NOT MET 88 89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F332*　F341　F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVERGREENS,THE

Street Address: BRIDGEBORO RD	**City and State:** MOORESTOWN, NJ 08057

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	1	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	64.4	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing	45	76.3	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting	33	55.9	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	52.5	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	59.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	33.9	37.8	39.1
Completely bedfast residents.	1	1.7	2.5	3.2
Residents confined to chairs.	25	42.4	51.9	52.3
Residents requiring restraints.	5	8.5	40.4	40.4
Confused or disoriented residents.	33	55.9	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	1	1.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F170 F185 F199 F321 F322* F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHERAN HOME MOORESTOWN

Street Address: 255 E MAIN ST		**City and State:** MOORESTOWN, NJ 08057	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 191	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
179	9	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	78.8	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	144	80.4	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	112	62.6	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	75.4	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	73.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.6	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	69	38.5	37.8	39.1
Completely bedfast residents.	1	0.6	2.5	3.2
Residents confined to chairs.	111	62.0	51.9	52.3
Residents requiring restraints.	67	37.4	40.4	40.4
Confused or disoriented residents.	98	54.7	59.0	58.6
Residents with bed sores.	16	8.9	8.8	7.6
Residents receiving special skin care.	110	61.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F170 F199 F219 F321 F322* F332*
F342 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MT LAUREL CONVALESCENT CENTER

Street Address: CHURCH RD		**City and State:** MOORESTOWN, NJ 08054	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 280	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
216	28	161

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	66.7	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	186	86.1	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	163	75.5	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	75.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	144	66.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	32.4	37.8	39.1
Completely bedfast residents.	3	1.4	2.5	3.2
Residents confined to chairs.	153	70.8	51.9	52.3
Residents requiring restraints.	92	42.6	40.4	40.4
Confused or disoriented residents.	130	60.2	59.0	58.6
Residents with bed sores.	32	14.8	8.8	7.6
Residents receiving special skin care.	52	24.1	29.3	31.4

MOORESTOWN, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MOORESTOWN, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F116 F119 F126 F127* F129* F134 F170
F191* F199 F206 F219 F321 F322* F332* F342
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
QUEEN OF CARMEL NH

Street Address: REEDS HILL RD	**City and State:** MORGANVILLE, NJ 07751

Participation: MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	92.3	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	20	76.9	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	7	26.9	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	92.3	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	19.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	2	7.7	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	4	15.4	51.9	52.3
Residents requiring restraints.	2	7.7	40.4	40.4
Confused or disoriented residents.	20	76.9	59.0	58.6
Residents with bed sores.	1	3.8	8.8	7.6
Residents receiving special skin care.	5	19.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MORGANVILLE, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F085* F114 F118 F123* F124 F127* F128*
F134 F139 F140 F170 F181* F193 F194 F195
F196* F197 F199 F204 F205 F206 F212 F213
F218* F219 F220 F321 F322* F332* F342 F346
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MORRIS VIEW NH

Street Address: BOX 437 WEST HANOVER AVENUE	**City and State:** MORRIS PLAINS, NJ 07950

Participation: MEDICAID SNF/ICF	**# of Beds:** 422	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
350	0	350

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	301	86.0	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	325	92.9	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	300	85.7	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	294	84.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	295	84.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	184	52.6	37.8	39.1
Completely bedfast residents.	6	1.7	2.5	3.2
Residents confined to chairs.	234	66.9	51.9	52.3
Residents requiring restraints.	206	58.9	40.4	40.4
Confused or disoriented residents.	184	52.6	59.0	58.6
Residents with bed sores.	26	7.4	8.8	7.6
Residents receiving special skin care.	128	36.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F119 F170 F206 F243 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MORRIS HILLS MULTI CARE CENTER

Street Address: 77 MADISON AVE		**City and State:** MORRISTOWN, NJ 07960	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 304	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
294	19	179

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	278	94.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	225	76.5	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	188	63.9	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	186	63.3	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	208	70.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	7	2.4	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	85	28.9	37.8	39.1
Completely bedfast residents.	9	3.1	2.5	3.2
Residents confined to chairs.	87	29.6	51.9	52.3
Residents requiring restraints.	133	45.2	40.4	40.4
Confused or disoriented residents.	155	52.7	59.0	58.6
Residents with bed sores.	37	12.6	8.8	7.6
Residents receiving special skin care.	25	8.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F101 F119 F123* F124 F125* F126 F127*
F128* F129* F130 F134 F135 F137 F167* F168*
F170 F181* F189 F190 F191* F205 F231 F340*
F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MORRISTOWN NURSING AND REHABILITATION

Street Address: 66 MORRIS ST		**City and State:** MORRISTOWN, NJ 07960	
Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	47.2	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	65	90.3	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	45	62.5	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	83.3	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	62.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	23.6	37.8	39.1
Completely bedfast residents.	1	1.4	2.5	3.2
Residents confined to chairs.	27	37.5	51.9	52.3
Residents requiring restraints.	16	22.2	40.4	40.4
Confused or disoriented residents.	39	54.2	59.0	58.6
Residents with bed sores.	6	8.3	8.8	7.6
Residents receiving special skin care.	6	8.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F120 F123* F124 F125* F126 F128* F129*
F134 F135 F139 F167* F169 F170 F173* F180
F189 F190 F191* F197 F199 F227 F321 F332*
F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MT KEMBE DIV MORRISTOWN MEM HOSP

Street Address: 95 MT KEMBLE AVE	**City and State:** MORRISTOWN, NJ 07960

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 13	**Medicare Residents:** 6	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	69.2	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	11	84.6	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	12	92.3	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	92.3	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	84.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	30.8	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	30.8	37.8	39.1
Completely bedfast residents.	1	7.7	2.5	3.2
Residents confined to chairs.	5	38.5	51.9	52.3
Residents requiring restraints.	3	23.1	40.4	40.4
Confused or disoriented residents.	2	15.4	59.0	58.6
Residents with bed sores.	3	23.1	8.8	7.6
Residents receiving special skin care.	3	23.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F116 F119 F170 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MOUNT HOLLY CENTER

Street Address: 62 RICHMOND AVE		**City and State:** MOUNT HOLLY, NJ 08060	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	6	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	84.3	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	104	90.4	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	91	79.1	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	88.7	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	75.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	35.7	37.8	39.1
Completely bedfast residents.	1	0.9	2.5	3.2
Residents confined to chairs.	48	41.7	51.9	52.3
Residents requiring restraints.	58	50.4	40.4	40.4
Confused or disoriented residents.	74	64.3	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	33	28.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F130 F135 F170 F182 F191* F199 F224
F332* F333 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHILDRENS SPECIALIZED HOSPITAL

Street Address: 150 NEW PROVIDENCE ROAD	**City and State:** MOUNTAINSIDE, NJ 07091

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	100	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	19	100	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	18	94.7	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	100	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	100	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	100	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	19	100	51.9	52.3
Residents requiring restraints.	0	0.0	40.4	40.4
Confused or disoriented residents.	0	0.0	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	18	94.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F126 F133* F135 F170 F180 F187 F206
F218* F220 F224 F332* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANOR CARE OF MOUNTAINSIDE

Street Address: 1180 ROUTE 22 WEST	**City and State:** MOUNTAINSIDE, NJ 07092

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 12	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	87.0	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	45	83.3	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	42	77.8	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	63.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	68.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	1.9	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	18.5	37.8	39.1
Completely bedfast residents.	1	1.9	2.5	3.2
Residents confined to chairs.	27	50.0	51.9	52.3
Residents requiring restraints.	23	42.6	40.4	40.4
Confused or disoriented residents.	39	72.2	59.0	58.6
Residents with bed sores.	7	13.0	8.8	7.6
Residents receiving special skin care.	21	38.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F126 F128* F167* F170 F189 F190 F191*
F199 F206 F222 F223 F224 F227 F321 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KING JAMES CARE CENTER

Street Address: 400 STATE HIGHWAY ROUTE 36		**City and State:** NAVESINK, NJ 07748	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	1	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	80.5	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	108	87.8	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	106	86.2	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	84.6	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	69.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	62	50.4	37.8	39.1
Completely bedfast residents.	2	1.6	2.5	3.2
Residents confined to chairs.	68	55.3	51.9	52.3
Residents requiring restraints.	52	42.3	40.4	40.4
Confused or disoriented residents.	68	55.3	59.0	58.6
Residents with bed sores.	3	2.4	8.8	7.6
Residents receiving special skin care.	11	8.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F111* F114 F119 F120 F126 F135
F170 F191* F197 F199 F206 F207 F214 F215
F218* F219 F220 F250 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GROVE HEALTH CARE CENTER

Street Address: 919 GREEN GROVE RD		**City and State:** NEPTUNE, NJ 07753	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	3	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	91.1	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	106	94.6	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	89	79.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	80.4	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	79.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	59	52.7	37.8	39.1
Completely bedfast residents.	2	1.8	2.5	3.2
Residents confined to chairs.	79	70.5	51.9	52.3
Residents requiring restraints.	81	72.3	40.4	40.4
Confused or disoriented residents.	83	74.1	59.0	58.6
Residents with bed sores.	20	17.9	8.8	7.6
Residents receiving special skin care.	85	75.9	29.3	31.4

NEPTUNE, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F117 F127* F133* F137 F170 F173* F180
F181* F196* F199 F204 F206 F207 F218* F227
F230 F232 F322* F332* F340* F341 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KING MANOR

Street Address: 2303 WEST BANGS AVE		**City and State:** NEPTUNE, NJ 07753	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	67.0	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	102	91.1	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	81	72.3	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	74.1	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	68.8	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	21.4	37.8	39.1
Completely bedfast residents.	1	0.9	2.5	3.2
Residents confined to chairs.	71	63.4	51.9	52.3
Residents requiring restraints.	58	51.8	40.4	40.4
Confused or disoriented residents.	72	64.3	59.0	58.6
Residents with bed sores.	13	11.6	8.8	7.6
Residents receiving special skin care.	43	38.4	29.3	31.4

NEPTUNE, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requir emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F116 F117 F118 F127* F130 F133* F170
F180 F181* F189 F191* F196* F199 F206 F218*
F230 F232 F321 F332* F333 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LODGE-THE

Street Address: 3510 RTE 66		**City and State:** NEPTUNE, NJ 07753	
Participation: MEDICAID ICF	**# of Beds:** 167	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
150	0	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	47.3	57.5	78.5
Dressing Residents requiring some or total assistance in dressing.	73	48.7	62.8	76.5
Toileting Residents requiring some or total assistance in toileting.	63	42.0	43.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	70.0	49.8	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	48.7	38.8	59.1
Residents on individually written bowel and bladder retraining program.	2	1.3	2.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	21.3	19.7	30.4
Completely bedfast residents.	0	0.0	0.1	2.8
Residents confined to chairs.	29	19.3	21.3	40.9
Residents requiring restraints.	26	17.3	22.3	30.9
Confused or disoriented residents.	86	57.3	55.5	55.4
Residents with bed sores.	3	2.0	2.9	4.8
Residents receiving special skin care.	70	46.7	17.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	6.3	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	4	25.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	5	31.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	1	6.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	2	12.5	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	1	6.3	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	6.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	11	68.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	6	37.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	4	25.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	6.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	8	50.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	6.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	4	25.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F102 F126 F129* F134 F170 F218*
F224 F250 F260 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEDICENTER/NEPTUNE CITY

Street Address: 2050 SIXTH AVENUE		**City and State:** NEPTUNE, NJ 07753	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	2	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	55.9	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	84	82.4	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	84	82.4	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	70.6	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	63.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	3.9	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	23.5	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	50	49.0	51.9	52.3
Residents requiring restraints.	57	55.9	40.4	40.4
Confused or disoriented residents.	48	47.1	59.0	58.6
Residents with bed sores.	6	5.9	8.8	7.6
Residents receiving special skin care.	31	30.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F170 F175 F185 F321 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEPTUNE CONVACENTER

Street Address: 101 WALNUT STREET		**City and State:** NEPTUNE, NJ 07753	
Participation: MEDICARE SNF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	89.9	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	75	94.9	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	34	43.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	69.6	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	74.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	5.1	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	41.8	37.8	39.1
Completely bedfast residents.	1	1.3	2.5	3.2
Residents confined to chairs.	46	58.2	51.9	52.3
Residents requiring restraints.	34	43.0	40.4	40.4
Confused or disoriented residents.	45	57.0	59.0	58.6
Residents with bed sores.	8	10.1	8.8	7.6
Residents receiving special skin care.	8	10.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NEPTUNE, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F126 F129* F130 F134 F137 F167* F169
F170 F181* F193 F196* F197 F199 F206 F215
F218* F219 F220 F224 F321 F331 F332* F338
F339 F340* F342 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FOOTHILL ACRES NURSING HOME

Street Address: AMWELL ROAD		**City and State:** NESHANIC, NJ 08853	
Participation: MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
150	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	74.7	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	112	74.7	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	101	67.3	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	56.7	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	60.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	27.3	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	61	40.7	51.9	52.3
Residents requiring restraints.	56	37.3	40.4	40.4
Confused or disoriented residents.	77	51.3	59.0	58.6
Residents with bed sores.	6	4.0	8.8	7.6
Residents receiving special skin care.	68	45.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196* F199 F224 F227 F232 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSE MOUNTAIN CARE CENTER

Street Address: US ROUTE 1 AND 18		**City and State:** NEW BRUNSWICK, NJ 08901	
Participation: MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	85.1	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	98	97.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	68	67.3	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	89.1	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	78.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	1.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	24.8	37.8	39.1
Completely bedfast residents.	5	5.0	2.5	3.2
Residents confined to chairs.	25	24.8	51.9	52.3
Residents requiring restraints.	40	39.6	40.4	40.4
Confused or disoriented residents.	56	55.4	59.0	58.6
Residents with bed sores.	7	6.9	8.8	7.6
Residents receiving special skin care.	7	6.9	29.3	31.4

NEW BRUNSWICK, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F133* F134 F137 F170 F171 F174
F175 F176 F191* F218* F219 F313* F321 F322*
F333 F341 F342 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BUTTONWOOD HOSPITAL OF BURLINGTON CO

Street Address: PEMBERTON BROWN MILLS		**City and State:** NEW LISBON, NJ 08064	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 225	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
205	5	178

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	70.7	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	170	82.9	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	144	70.2	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	73.2	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	144	70.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	87	42.4	37.8	39.1
Completely bedfast residents.	32	15.6	2.5	3.2
Residents confined to chairs.	97	47.3	51.9	52.3
Residents requiring restraints.	42	20.5	40.4	40.4
Confused or disoriented residents.	134	65.4	59.0	58.6
Residents with bed sores.	18	8.8	8.8	7.6
Residents receiving special skin care.	80	39.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F129* F134 F167* F170 F175 F191* F199
F206 F224 F283 F322* F340* F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WOODCREST CENTER

Street Address: 800 RIVER RD		**City and State:** NEW MILFORD, NJ 07646	
Participation: MEDICAID SNF/ICF	**# of Beds:** 236	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
228	0	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	195	85.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	202	88.6	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	181	79.4	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	75.4	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	169	74.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	33	14.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	36.8	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	113	49.6	51.9	52.3
Residents requiring restraints.	107	46.9	40.4	40.4
Confused or disoriented residents.	148	64.9	59.0	58.6
Residents with bed sores.	14	6.1	9.8	7.6
Residents receiving special skin care.	36	15.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET NOT MET 87/88	FACILITY MET NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility provides that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services of a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F199 F220

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GLENSIDE NURSING HOME

Street Address: 144 GALES DRIVE		**City and State:** NEW PROVIDENCE, NJ 07974	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	5	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	86.2	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	72	76.6	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	63	67.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	69.1	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	58.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	30.9	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	10	10.6	51.9	52.3
Residents requiring restraints.	29	30.9	40.4	40.4
Confused or disoriented residents.	48	51.1	59.0	58.6
Residents with bed sores.	8	8.5	8.8	7.6
Residents receiving special skin care.	28	29.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	11	3.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F120 F126 F134 F167* F170 F191* F199 F206
F215 F218* F219 F220 F224 F239 F240 F242*
F243 F250 F322* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOSPITALITY CARE CTR

Street Address: 300 BROADWAY		**City and State:** NEWARK, NJ 07104	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 424	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
368	0	363

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	295	80.2	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	297	80.7	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	282	76.6	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	283	76.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	251	68.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	13	3.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	129	35.1	37.8	39.1
Completely bedfast residents.	15	4.1	2.5	3.2
Residents confined to chairs.	190	51.6	51.9	52.3
Residents requiring restraints.	180	48.9	40.4	40.4
Confused or disoriented residents.	282	76.6	59.0	58.6
Residents with bed sores.	34	9.2	8.8	7.6
Residents receiving special skin care.	81	22.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	117	40.2	141[illegible]	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F100	F116	F118	F123*	F125*	F126	F127*
F128*	F129*	F130	F132*	F134	F139	F169	F170
F171	F173*	F179	F181*	F191*	F199	F206	F224
F234	F237*	F312*	F332*	F342			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEW COMMUNITY EXTENDED CARE FACILITY

Street Address: 266 S ORANGE AVE		**City and State:** NEWARK, NJ 07103	
Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
178	0	169

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	56.7	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	109	61.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	137	77.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	78.7	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	136	76.4	69.7	69.4
Residents on individually written bowel and bladder retraining program.	8	4.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	16.9	37.8	39.1
Completely bedfast residents.	8	4.5	2.5	3.2
Residents confined to chairs.	85	47.8	51.9	52.3
Residents requiring restraints.	60	33.7	40.4	40.4
Confused or disoriented residents.	120	67.4	59.0	58.6
Residents with bed sores.	17	9.6	8.8	7.6
Residents receiving special skin care.	17	9.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F101 F116 F126 F127* F130 F134 F137
F167* F170 F175 F176 F189 F191* F193 F194
F195 F196* F197 F199 F204 F206 F215 F218*
F219 F224 F232 F236 F242* F250 F321 F329
F330 F331 F332* F338 F339 F340* F341 F342
F343 F344 F345* F346 F347 F348 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEWARK HEALTH & EXTENDED CARE

Street Address: 65 JAY ST	**City and State:** NEWARK, NJ 07103

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 430	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
421	11	385

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	329	78.1	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	362	86.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	317	75.3	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	325	77.2	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	336	79.8	69.7	69.4
Residents on individually written bowel and bladder retraining program.	10	2.4	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	151	35.9	37.8	39.1
Completely bedfast residents.	23	5.5	2.5	3.2
Residents confined to chairs.	220	52.3	51.9	52.3
Residents requiring restraints.	93	22.1	40.4	40.4
Confused or disoriented residents.	328	77.9	59.0	58.6
Residents with bed sores.	57	13.5	8.8	7.6
Residents receiving special skin care.	421	100	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F129* F133* F137 F167* F170 F191* F196*
F199 F206 F229 F232 F321 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MATER DEI NH

Street Address: RD 40 UPPER PITTSGROVE TURNPIKE		**City and State:** NEWFIELD, NJ 08344	
Participation: MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/03/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	91.9	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	59	95.2	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	57	91.9	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	93.5	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	79.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	53.2	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	52	83.9	51.9	52.3
Residents requiring restraints.	34	54.8	40.4	40.4
Confused or disoriented residents.	34	54.8	59.0	58.6
Residents with bed sores.	9	14.5	8.8	7.6
Residents receiving special skin care.	23	37.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F191* F231 F332* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BARN HILL CONVALESCENT CENTER

Street Address: 249 HIGH ST RT 94		**City and State:** NEWTON, NJ 07860	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	76.0	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	92	73.6	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	87	69.6	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	67.2	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	61.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	35.2	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	63	50.4	51.9	52.3
Residents requiring restraints.	69	55.2	40.4	40.4
Confused or disoriented residents.	69	55.2	59.0	58.6
Residents with bed sores.	19	15.2	8.8	7.6
Residents receiving special skin care.	7	5.6	29.3	31.4

NEWTON, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F131* F169 F170 F173* F191* F250

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUSSEX COUNTY HOMESTEAD

Street Address: BOX 78 RD 3

City and State: NEWTON, NJ 07860

Participation: MEDICAID SNF/ICF

# of Beds: 102

Type of Ownership: LOCAL GOVERNMENT

Survey Date: 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87

Medicare Residents: 0

Medicaid Residents: 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	81.6	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	79	90.8	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	74	85.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	83.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	77.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	50.6	37.8	39.1
Completely bedfast residents.	1	1.1	2.5	3.2
Residents confined to chairs.	73	83.9	51.9	52.3
Residents requiring restraints.	62	71.3	40.4	40.4
Confused or disoriented residents.	48	55.2	59.0	58.6
Residents with bed sores.	7	8.0	8.8	7.6
Residents receiving special skin care.	28	32.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NEWTON, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F101 F126 F128* F130 F133* F167* F168*
F170 F182 F196* F199 F236 F242* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HUDSON VIEW CARE CENTER

Street Address: 9020 WALL ST		**City and State:** NORTH BERGEN, NJ 07047	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 273	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
257	18	216

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	223	86.8	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	212	82.5	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	175	68.1	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	202	78.6	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	167	65.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	16	6.2	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	107	41.6	37.8	39.1
Completely bedfast residents.	1	0.4	2.5	3.2
Residents confined to chairs.	169	65.8	51.9	52.3
Residents requiring restraints.	129	50.2	40.4	40.4
Confused or disoriented residents.	192	74.7	59.0	58.6
Residents with bed sores.	31	12.1	8.8	7.6
Residents receiving special skin care.	76	29.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	NOT MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F114 F117 F118 F119 F126 F130 F167*
F170 F175 F191* F206 F215 F218* F219 F220
F224 F232 F274 F288 F298 F321 F322* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWVIEW NH

Street Address:
235 DOLPHIN AVENUE

City and State:
NORTHFIELD, NJ 08225

Participation:
MEDICAID SNF/ICF

# of Beds:
180

Type of Ownership:
NON-PROFIT OTHER

Survey Date:
06/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
118

Medicare Residents:
0

Medicaid Residents:
112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	94.9	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	97	82.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	90	76.3	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	74.6	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	76.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	34.7	37.8	39.1
Completely bedfast residents.	13	11.0	2.5	3.2
Residents confined to chairs.	82	69.5	51.9	52.3
Residents requiring restraints.	56	47.5	40.4	40.4
Confused or disoriented residents.	83	70.3	59.0	58.6
Residents with bed sores.	72	61.0	8.8	7.6
Residents receiving special skin care.	36	30.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F100 F119 F133* F137 F170 F175 F182
F189 F190 F191* F204 F206 F207 F224 F321
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE AT NORWOOD, THE

Street Address: 100 MCCLELLAN ST	**City and State:** NORWOOD, NJ 07648

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	1	100	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	1	100	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	0	0.0	51.9	52.3
Residents requiring restraints.	0	0.0	40.4	40.4
Confused or disoriented residents.	0	0.0	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	0	0.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
OAKLAND CARE CENTER

Street Address: 20 BREAKNECK RD		**City and State:** OAKLAND, NJ 07436	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 252	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
237	12	149

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	210	88.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	226	95.4	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	209	88.2	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	198	83.5	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	201	84.8	69.7	69.4
Residents on individually written bowel and bladder retraining program.	8	3.4	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	106	44.7	37.8	39.1
Completely bedfast residents.	4	1.7	2.5	3.2
Residents confined to chairs.	159	67.1	51.9	52.3
Residents requiring restraints.	145	61.2	40.4	40.4
Confused or disoriented residents.	144	60.8	59.0	58.6
Residents with bed sores.	20	8.4	8.8	7.6
Residents receiving special skin care.	29	12.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

OAKLAND, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F133* F170 F173* F180 F181* F199 F206
F232 F322* F332* F333 F342 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESLEY MANOR

Street Address: BAY AVENUE AT 22ND ST		**City and State:** OCEAN CITY, NJ 08226	
Participation: MEDICAID SNF/ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	67.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	29	85.3	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	18	52.9	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	70.6	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	52.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	14.7	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	17	50.0	51.9	52.3
Residents requiring restraints.	2	5.9	40.4	40.4
Confused or disoriented residents.	22	64.7	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	11	32.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F107 F111* F112* F113 F115 F116 F119 F120
F128* F170 F199 F218* F224 F227 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLARA SWAIN MANOR

Street Address: 63 CLARK AVE	**City and State:** OCEAN GROVE, NJ 07756

Participation: MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/20/89

Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.	**COMPLIANCE ACTION?** NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	81.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	52	88.1	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	40	67.8	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	6.8	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	27.1	37.8	39.1
Completely bedfast residents.	2	3.4	2.5	3.2
Residents confined to chairs.	23	39.0	51.9	52.3
Residents requiring restraints.	35	59.3	40.4	40.4
Confused or disoriented residents.	46	78.0	59.0	58.6
Residents with bed sores.	1	1.7	8.8	7.6
Residents receiving special skin care.	23	39.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

OCEAN GROVE, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F130 F170 F174 F175 F181* F191* F197
F199 F206 F282 F283 F322* F331 F332* F341
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRANCIS ASBURY MANOR

Street Address: 70 STOCKTON AVE	**City and State:** OCEAN GROVE, NJ 07756

Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	63.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	54	70.1	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	47	61.0	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	51.9	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	48.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	2.6	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	24.7	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	24	31.2	51.9	52.3
Residents requiring restraints.	26	33.8	40.4	40.4
Confused or disoriented residents.	31	40.3	59.0	58.6
Residents with bed sores.	5	6.5	8.8	7.6
Residents receiving special skin care.	11	14.3	29.3	31.4

OCEAN GROVE, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F129* F134 F137 F142 F170 F180 F182
F196* F283 F321 F331 F332* F333 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHERAN HOME AT OCEAN VIEW

Street Address: 184 SHORE RD ROUTE 9		**City and State:** OCEAN VIEW, NJ 08230	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	77.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	100	87.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	89	77.4	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	77.4	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	76.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	3	2.6	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	26.1	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	62	53.9	51.9	52.3
Residents requiring restraints.	50	43.5	40.4	40.4
Confused or disoriented residents.	80	69.6	59.0	58.6
Residents with bed sores.	2	1.7	8.8	7.6
Residents receiving special skin care.	36	31.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F119 F126 F127* F170 F206 F224 F229
F230 F322* F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUMMER HILL NH

Street Address: 11 ROUTE 516	**City and State:** OLD BRIDGE, NJ 08857

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	88.9	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	90	83.3	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	87	80.6	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	81.5	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	70.4	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	1.9	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	24.1	37.8	39.1
Completely bedfast residents.	4	3.7	2.5	3.2
Residents confined to chairs.	33	30.6	51.9	52.3
Residents requiring restraints.	71	65.7	40.4	40.4
Confused or disoriented residents.	67	62.0	59.0	58.6
Residents with bed sores.	10	9.3	8.8	7.6
Residents receiving special skin care.	26	24.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	NOT MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F105 F107 F111* F114 F116 F126 F167*
F169 F170 F191* F197 F199 F206 F224 F227
F250 F321 F332* F342 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WHITE HOUSE NH INC

Street Address: 560 BERKELEY AVE		**City and State:** ORANGE, NJ 07050	
Participation: MEDICAID SNF/ICF	**# of Beds:** 176	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
158	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	70.9	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	124	78.5	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	116	73.4	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	87.3	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	68.4	69.7	69.4
Residents on individually written bowel and bladder retraining program.	3	1.9	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	44	27.8	37.8	39.1
Completely bedfast residents.	2	1.3	2.5	3.2
Residents confined to chairs.	72	45.6	51.9	52.3
Residents requiring restraints.	76	48.1	40.4	40.4
Confused or disoriented residents.	124	78.5	59.0	58.6
Residents with bed sores.	22	13.9	8.8	7.6
Residents receiving special skin care.	21	13.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly effect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F114 F118 F126 F127* F128* F129* F133*
F137 F167* F168* F169 F170 F173* F180 F181*
F191* F199 F206 F218* F224 F231 F322* F340*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WARREN HAVEN

Street Address: RT 1		**City and State:** OXFORD, NJ 07863	
Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
133	0	131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	85.0	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	122	91.7	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	98	73.7	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	75.2	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	66.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	24	18.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	53	39.8	37.8	39.1
Completely bedfast residents.	1	0.8	2.5	3.2
Residents confined to chairs.	70	52.6	51.9	52.3
Residents requiring restraints.	67	50.4	40.4	40.4
Confused or disoriented residents.	67	50.4	59.0	58.6
Residents with bed sores.	6	4.5	8.8	7.6
Residents receiving special skin care.	25	18.8	29.3	31.4

OXFORD, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F224 F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BERGEN PINES CO HOSP-ECF

Street Address: E RIDGGEWOOD RD		**City and State:** PARAMUS, NJ 07652	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 571	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
523	6	474

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	465	88.9	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	483	92.4	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	440	84.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	445	85.1	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	425	81.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	48	9.2	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	339	64.8	37.8	39.1
Completely bedfast residents.	23	4.4	2.5	3.2
Residents confined to chairs.	378	72.3	51.9	52.3
Residents requiring restraints.	442	84.5	40.4	40.4
Confused or disoriented residents.	302	57.7	59.0	58.6
Residents with bed sores.	42	8.0	8.8	7.6
Residents receiving special skin care.	255	48.8	29.3	31.4

PARAMUS, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F128* F167* F170 F191* F206 F222 F224
F227 F242* F262 F322* F332* F342 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DELLRIDGE NURSING HOME

Street Address: 532 FAIRVIEW AVE	**City and State:** PARAMUS, NJ 07652

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	5	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	58.1	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	80	86.0	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	75	80.6	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	80.6	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	78.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	30.1	37.8	39.1
Completely bedfast residents.	1	1.1	2.5	3.2
Residents confined to chairs.	41	44.1	51.9	52.3
Residents requiring restraints.	53	57.0	40.4	40.4
Confused or disoriented residents.	55	59.1	59.0	58.6
Residents with bed sores.	4	4.3	8.8	7.6
Residents receiving special skin care.	23	24.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F116 F126 F127* F128* F131* F133* F135
F167* F170 F179 F180 F181* F182 F191* F199
F206 F211 F332* F340* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARAMUS CARE CENTER

Street Address: 593 PARAMUS RD		**City and State:** PARAMUS, NJ 07652	
Participation: MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	81.8	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	31	93.9	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	31	93.9	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	93.9	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	75.8	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	6.1	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	81.8	37.8	39.1
Completely bedfast residents.	1	3.0	2.5	3.2
Residents confined to chairs.	19	57.6	51.9	52.3
Residents requiring restraints.	20	60.6	40.4	40.4
Confused or disoriented residents.	20	60.6	59.0	58.6
Residents with bed sores.	8	24.2	8.8	7.6
Residents receiving special skin care.	20	60.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F170 F181* F195 F196* F199 F274 F288
F298 F321 F322* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TROY HILLS HOUSE

Street Address: 200 REYNOLDS AVE		**City and State:** PARSIPPANY, NJ 07054	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	5	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	78.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	114	90.5	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	96	76.2	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	99.2	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	65.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	47	37.3	37.8	39.1
Completely bedfast residents.	7	5.6	2.5	3.2
Residents confined to chairs.	63	50.0	51.9	52.3
Residents requiring restraints.	51	40.5	40.4	40.4
Confused or disoriented residents.	13	10.3	59.0	58.6
Residents with bed sores.	5	4.0	8.8	7.6
Residents receiving special skin care.	86	68.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F101 F118 F119 F133* F170 F171
F173* F175 F176 F180 F182 F191* F322* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHESTNUT HILL CONVALESCENT CENTER

Street Address: 360 CHESTNUT ST	**City and State:** PASSAIC, NJ 07055

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 5	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	66.3	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	83	90.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	75	81.5	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	88.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	71.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	3	3.3	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	23.9	37.8	39.1
Completely bedfast residents.	1	1.1	2.5	3.2
Residents confined to chairs.	75	81.5	51.9	52.3
Residents requiring restraints.	36	39.1	40.4	40.4
Confused or disoriented residents.	30	32.6	59.0	58.6
Residents with bed sores.	10	10.9	8.8	7.6
Residents receiving special skin care.	26	28.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F170 F196*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAMILTON PLAZA NURSING CENTER

Street Address: 56 HAMILTON AVE		**City and State:** PASSAIC, NJ 07055	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	7	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	70.3	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	108	91.5	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	100	84.7	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	49.2	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	69.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	3	2.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	58.5	37.8	39.1
Completely bedfast residents.	1	0.8	2.5	3.2
Residents confined to chairs.	50	42.4	51.9	52.3
Residents requiring restraints.	50	42.4	40.4	40.4
Confused or disoriented residents.	110	93.2	59.0	58.6
Residents with bed sores.	9	7.6	8.8	7.6
Residents receiving special skin care.	12	10.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F199 F236 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PREAKNESS HOSP LTC

Street Address: VALLEY VIEW RD-BOX 5		**City and State:** PATERSON, NJ 07509	
Participation: MEDICAID SNF/ICF	**# of Beds:** 552	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
432	0	412

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	356	82.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	351	81.3	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	253	58.6	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	329	76.2	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	211	48.8	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	116	26.9	37.8	39.1
Completely bedfast residents.	5	1.2	2.5	3.2
Residents confined to chairs.	201	46.5	51.9	52.3
Residents requiring restraints.	145	33.6	40.4	40.4
Confused or disoriented residents.	237	54.9	59.0	58.6
Residents with bed sores.	42	9.7	8.8	7.6
Residents receiving special skin care.	230	53.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F134 F141 F142 F170 F181* F191*
F206 F217 F218* F224 F283 F321 F322* F332*
F340* F342 F354 F355

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WHITE BIRCH NH

Street Address: 59 BIRCH ST		**City and State:** PATERSON, NJ 07522	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	1	22

Caution: A large number of residents with those characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	73.2	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	38	92.7	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	33	80.5	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	80.5	75.0	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	78.0	59.7	69.4
Residents on individually written bowel and bladder retraining program.	2	4.9	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	22.0	37.8	39.1
Completely bedfast residents.	1	2.4	2.5	3.2
Residents confined to chairs.	18	43.9	51.9	52.3
Residents requiring restraints.	3	7.3	40.4	40.4
Confused or disoriented residents.	28	68.3	59.0	58.6
Residents with bed sores.	6	14.6	8.8	7.6
Residents receiving special skin care.	16	39.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F170 F174 F175 F177 F191* F196* F199
F206 F224 F227 F321 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COOPER RIVER CONVALESCENT CENTER

Street Address: 5101 N PARK DRIVE		**City and State:** PENNSAUKEN, NJ 08109	
Participation: MEDICAID SNF/ICF	**# of Beds:** 293	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
264	0	186

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	207	78.4	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	216	81.8	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	199	75.4	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	193	73.1	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	189	71.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	10	3.8	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	29.9	37.8	39.1
Completely bedfast residents.	16	6.1	2.5	3.2
Residents confined to chairs.	112	42.4	51.9	52.3
Residents requiring restraints.	78	29.5	40.4	40.4
Confused or disoriented residents.	159	60.2	59.0	58.6
Residents with bed sores.	16	6.1	8.8	7.6
Residents receiving special skin care.	52	19.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F127* F132* F134 F135 F137 F170 F181*
F182 F189 F190 F191* F199 F224 F227 F321
F322* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COOPER RIVER CONVALESCENT CTR WEST SNF

Street Address: 5105 N PARK DRIVE		**City and State:** PENNSAUKEN, NJ 08109	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
152	39	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	75.7	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	124	81.6	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	111	73.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	71.7	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	67.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	12	7.9	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	38.8	37.8	39.1
Completely bedfast residents.	15	9.9	2.5	3.2
Residents confined to chairs.	91	59.9	51.9	52.3
Residents requiring restraints.	48	31.6	40.4	40.4
Confused or disoriented residents.	47	30.9	59.0	58.6
Residents with bed sores.	25	16.4	8.8	7.6
Residents receiving special skin care.	27	17.8	29.3	31.4

PENNSAUKEN, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F116 F127* F128* F130 F134 F167* F170
F191* F199 F218* F219 F224 F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMBOY CARE CENTER

Street Address: LINDBERG AVE		**City and State:** PERTH AMBOY, NJ 08861	
Participation: MEDICAID SNF/ICF	**# of Beds:** 179	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
160	0	122

Caution: A large number of residents with these characteristics does not indicate whether these residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	67.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	128	80.0	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	125	78.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	65.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	55.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	26.9	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	121	75.6	51.9	52.3
Residents requiring restraints.	91	56.9	40.4	40.4
Confused or disoriented residents.	61	38.1	59.0	58.6
Residents with bed sores.	10	6.3	8.8	7.6
Residents receiving special skin care.	32	20.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own skin care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F084 F085* F118 F119 F128* F129* F134
F137 F170 F189 F190 F191* F206 F224 F227
F322* F332* F342 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PERTH AMBOY NH

Street Address: 303 ELM STREET		**City and State:** PERTH AMBOY, NJ 08861	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 260	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
242	2	211

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	193	79.8	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	209	86.4	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	179	74.0	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	78.9	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	143	59.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	10	4.1	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	69	28.5	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	121	50.0	51.9	52.3
Residents requiring restraints.	80	33.1	40.4	40.4
Confused or disoriented residents.	157	64.9	59.0	58.6
Residents with bed sores.	18	7.4	8.8	7.6
Residents receiving special skin care.	33	13.6	29.3	31.4

PERTH AMBOY, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F199 F224 F321 F322* F332* F342 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARE CENTER OF LOPATCONG

Street Address: RED SCHOOL LANE		**City and State:** PHILLIPSBURG, NJ 08865	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
148	4	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	67.6	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	123	83.1	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	108	73.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	67.6	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	72.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	49	33.1	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	31.1	37.8	39.1
Completely bedfast residents.	5	3.4	2.5	3.2
Residents confined to chairs.	85	57.4	51.9	52.3
Residents requiring restraints.	39	26.4	40.4	40.4
Confused or disoriented residents.	89	60.1	59.0	58.6
Residents with bed sores.	23	15.5	8.8	7.6
Residents receiving special skin care.	36	24.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F128* F134 F170 F199 F206 F218* F227
F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARE CENTER OF PHILLIPSBURG

Street Address: 843 WILBUR AVE	**City and State:** PHILLIPSBURG, NJ 08865

Participation: MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	70.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	67	76.1	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	66	75.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	75.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	83.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	4.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	34.1	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	40	45.5	51.9	52.3
Residents requiring restraints.	42	47.7	40.4	40.4
Confused or disoriented residents.	38	43.2	59.0	58.6
Residents with bed sores.	8	9.1	8.8	7.6
Residents receiving special skin care.	5	5.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F129* F170 F191* F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLTOP CARE CENTER INC

Street Address: HOOK MOUNTAIN RD		**City and State:** PINE BROCK, NJ 07058	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	68.8	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	76	81.7	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	55	59.1	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	57.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	59.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	26.9	37.8	39.1
Completely bedfast residents.	1	1.1	2.5	3.2
Residents confined to chairs.	59	63.4	51.9	52.3
Residents requiring restraints.	28	30.1	40.4	40.4
Confused or disoriented residents.	44	47.3	59.0	58.6
Residents with bed sores.	5	5.4	8.8	7.6
Residents receiving special skin care.	25	26.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F127* F134 F137 F138 F141 F142 F170
F185 F206 F224 F282 F321 F341 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PITMAN MANOR

Street Address: 535 N OAK AVE	**City and State:** PITMAN, NJ 08071

Participation: MEDICAID SNF/ICF	**# of Beds:** 71	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	70.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	64	90.1	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	47	66.2	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	78.9	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	80.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	2.8	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	55	77.5	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	33	46.5	51.9	52.3
Residents requiring restraints.	16	22.5	40.4	40.4
Confused or disoriented residents.	61	85.9	59.0	58.6
Residents with bed sores.	3	4.2	8.8	7.6
Residents receiving special skin care.	29	40.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F170 F186 F191* F199 F206 F227 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STONE ARCH NURSING HOME

Street Address: R D 1 BOX 37 RTE 513		**City and State:** PITTSTOWN, NJ 08867	
Participation: MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	77.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	90	72.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	93	74.4	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	64.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	70.4	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	1.6	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	32.8	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	19	15.2	51.9	52.3
Residents requiring restraints.	31	24.8	40.4	40.4
Confused or disoriented residents.	74	59.2	59.0	58.6
Residents with bed sores.	4	3.2	8.8	7.6
Residents receiving special skin care.	39	31.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F181* F191* F218* F224 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ABBOTT MANOR CONVALESCENT CENTER

Street Address: 810 CENTRAL AVE		**City and State:** PLAINFIELD, NJ 07060	
Participation: MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	82.4	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	15	88.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	13	76.5	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	76.5	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	76.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	11.8	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	52.9	37.8	39.1
Completely bedfast residents.	1	5.9	2.5	3.2
Residents confined to chairs.	9	52.9	51.9	52.3
Residents requiring restraints.	5	29.4	40.4	40.4
Confused or disoriented residents.	7	41.2	59.0	58.6
Residents with bed sores.	2	11.8	8.8	7.6
Residents receiving special skin care.	3	17.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HARTWICK AT PLAINFIELD NH

Street Address: 1340 PARK AVENUE		**City and State:** PLAINFIELD, NJ 07060	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	10	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	68.9	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	87	84.5	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	80	77.7	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	69.9	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	69.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	1.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	66	64.1	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	56	54.4	51.9	52.3
Residents requiring restraints.	64	62.1	40.4	40.4
Confused or disoriented residents.	60	58.3	59.0	58.6
Residents with bed sores.	8	7.8	8.8	7.6
Residents receiving special skin care.	13	12.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F131* F170 F182 F191* F197 F199 F207
F250 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERIDIAN NURSING CTR THE WOODLANDS

Street Address: 1400 WOODLAND AVE P O BOX 399		**City and State:** PLAINFIELD, NJ 07060	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	1	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	95.3	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	41	95.3	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	24	55.8	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	55.8	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	55.8	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	2.3	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	27.9	37.8	39.1
Completely bedfast residents.	1	2.3	2.5	3.2
Residents confined to chairs.	8	18.6	51.9	52.3
Residents requiring restraints.	27	62.8	40.4	40.4
Confused or disoriented residents.	26	60.5	59.0	58.6
Residents with bed sores.	4	9.3	8.8	7.6
Residents receiving special skin care.	2	4.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F131* F167* F170 F175 F191* F199 F206
F218* F224 F240 F242* F250

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROBERT WOOD JOHNSON JR HEALTH CARE CTR

Street Address: 40-44 NORWOOD AVE

City and State: PLAINFIELD, NJ 07060

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 120

Type of Ownership: NON-PROFIT RELIGIOUS

Survey Date: 12/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116

Medicare Residents: 0

Medicaid Residents: 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	84.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	94	81.0	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	79	68.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	99.1	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	69.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	31.0	37.8	39.1
Completely bedfast residents.	5	4.3	2.5	3.2
Residents confined to chairs.	62	53.4	51.9	52.3
Residents requiring restraints.	22	19.0	40.4	40.4
Confused or disoriented residents.	69	59.5	59.0	58.6
Residents with bed sores.	4	3.4	8.8	7.6
Residents receiving special skin care.	58	50.0	29.3	31.4

PLAINFIELD, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F109 F111* F114 F116 F119 F126 F131* F169
F170 F175 F180 F191* F196* F199 F218* F237*
F242* F269 F322* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENWOOD SKILLED NURS HEALTH CARE CTR

Street Address:
JOHN HENRY ALLEN LANE & CHURCH ST

City and State:
PLEASANTVILLE, NJ 08232

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
120

Type of Ownership:
PROPRIETARY

Survey Date:
09/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
107

Medicare Residents:
4

Medicaid Residents:
83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	74.8	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	100	93.5	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	70	65.4	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	74.8	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	58.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	57.0	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	70	65.4	51.9	52.3
Residents requiring restraints.	42	39.3	40.4	40.4
Confused or disoriented residents.	40	37.4	59.0	58.6
Residents with bed sores.	4	3.7	8.8	7.6
Residents receiving special skin care.	4	3.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F126 F127* F129* F133* F134 F170 F174
F175 F191* F199 F224 F321 F342 F349 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OUR LADYS RESIDENCE

Street Address: GLENDALE AND CLEMATIS AVE		**City and State:** PLEASANTVILLE, NJ 08232	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 214	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
205	4	137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	78.0	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	173	84.4	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	157	76.6	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	72.7	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	67.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	2.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	130	63.4	37.8	39.1
Completely bedfast residents.	3	1.5	2.5	3.2
Residents confined to chairs.	0	0.0	51.9	52.3
Residents requiring restraints.	128	62.4	40.4	40.4
Confused or disoriented residents.	202	98.5	59.0	58.6
Residents with bed sores.	4	2.0	8.8	7.6
Residents receiving special skin care.	14	6.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F137 F170 F191* F197 F199 F227
F322* F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLAREMONT CARE CENTER

Street Address: 1550 HULSE RD		**City and State:** POINT PLEASANT BEACH, NJ 08742	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 6	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	97.0	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	98	97.0	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	90	89.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	88.1	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	89.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	4.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	98	97.0	37.8	39.1
Completely bedfast residents.	2	2.0	2.5	3.2
Residents confined to chairs.	86	85.1	51.9	52.3
Residents requiring restraints.	49	48.5	40.4	40.4
Confused or disoriented residents.	55	54.5	59.0	58.6
Residents with bed sores.	6	5.9	8.8	7.6
Residents receiving special skin care.	11	10.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F119 F126 F127* F131* F170 F171 F175
F176 F179 F180 F181* F182 F191* F219 F321
F342 F347

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PT PLEASANT BEACH WH

Street Address: 703 RICHMOND AVENUE		**City and State:** POINT PLEASANT BEACH, NJ 08742	
Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	96.2	57.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	25	96.2	62.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	20	76.9	43.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	84.6	49.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	96.2	38.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	26.9	19.7	30.4
Completely bedfast residents.	0	0.0	0.1	2.8
Residents confined to chairs.	11	42.3	21.3	40.9
Residents requiring restraints.	15	57.7	22.3	30.9
Confused or disoriented residents.	19	73.1	55.5	55.4
Residents with bed sores.	1	3.8	2.9	4.8
Residents receiving special skin care.	6	23.1	17.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	6.3	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergancies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	4	25.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	5	31.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	1	6.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	2	12.5	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	1	6.3	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	6.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	11	68.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	6	37.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	25.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	6.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	8	50.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	6.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	4	25.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F128* F129* F170 F191* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERWICK UNIT OF THE MEDICAL CENTER

Street Address: 79 BAYARD LANE		**City and State:** PRINCETON, NJ 08540	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	3	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	42.1	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	61	80.3	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	45	59.2	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	69.7	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	76.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	53.9	37.8	39.1
Completely bedfast residents.	2	2.6	2.5	3.2
Residents confined to chairs.	22	28.9	51.9	52.3
Residents requiring restraints.	43	56.6	40.4	40.4
Confused or disoriented residents.	42	55.3	59.0	58.6
Residents with bed sores.	2	2.6	8.8	7.6
Residents receiving special skin care.	64	84.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F114 F119 F126 F130 F133* F137 F170
F180 F182 F191* F206 F210 F236 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PRINCETON NH

Street Address: 35 QUARRY STREET		**City and State:** PRINCETON, NJ 08540	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	9	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	84.3	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	106	92.2	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	102	88.7	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	88.7	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	87.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	57	49.6	37.8	39.1
Completely bedfast residents.	4	3.5	2.5	3.2
Residents confined to chairs.	105	91.3	51.9	52.3
Residents requiring restraints.	60	52.2	40.4	40.4
Confused or disoriented residents.	92	80.0	59.0	58.6
Residents with bed sores.	14	12.2	8.8	7.6
Residents receiving special skin care.	15	13.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F116 F126 F127* F129* F170 F180 F195
F196* F199 F206 F207 F211 F230 F232 F332*
F341 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RAHWAY GERIATRIC CENTER

Street Address: 1777 LAWRENCE ST		**City and State:** RAHWAY, NJ 07065	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 10	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	72.6	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	95	84.1	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	93	82.3	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	79.6	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	75.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	3.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	36.3	37.8	39.1
Completely bedfast residents.	2	1.8	2.5	3.2
Residents confined to chairs.	74	65.5	51.9	52.3
Residents requiring restraints.	52	46.0	40.4	40.4
Confused or disoriented residents.	90	79.6	59.0	58.6
Residents with bed sores.	34	30.1	8.8	7.6
Residents receiving special skin care.	28	24.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1358	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F084 F085* F116 F118 F119 F127* F128*
F167* F170 F175 F182 F191* F193 F197 F199
F204 F206 F207 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RAHWAY HOSPITAL

Street Address: 865 STONE STREET	**City and State:** RAHWAY, NJ 07065

Participation: MEDICARE SNF	**# of Beds:** 16	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:*	Medicaid Residents:
6	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	100	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	6	100	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	6	100	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	100	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	50.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	6	100	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	16.7	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	0	0.0	51.9	52.3
Residents requiring restraints.	2	33.3	40.4	40.4
Confused or disoriented residents.	1	16.7	59.0	58.6
Residents with bed sores.	1	16.7	8.8	7.6
Residents receiving special skin care.	1	16.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F116 F130 F137 F170 F191* F206 F218*
F219 F242* F244 F285 F295 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RARITAN HEALTH EXTENDED CARE CENTER

Street Address: 633 ROUTE 28		**City and State:** RARITAN, NJ 08869	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 6	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	78.9	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	100	81.3	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	88	71.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	71.5	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	70.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	10	8.1	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	22.8	37.8	39.1
Completely bedfast residents.	1	0.8	2.5	3.2
Residents confined to chairs.	62	50.4	51.9	52.3
Residents requiring restraints.	69	56.1	40.4	40.4
Confused or disoriented residents.	66	53.7	59.0	58.6
Residents with bed sores.	9	7.3	8.8	7.6
Residents receiving special skin care.	26	21.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F119 F126 F134 F135 F167* F170 F175
F191* F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RED BANK CONVALESCENT CENTER

Street Address: 100 CHAPIN AVENUE		**City and State:** RED BANK, NJ 07701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
178	0	141

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	89.9	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	143	80.3	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	122	68.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	66.9	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	139	78.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	5	2.8	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	37	20.8	37.8	39.1
Completely bedfast residents.	4	2.2	2.5	3.2
Residents confined to chairs.	101	56.7	51.9	52.3
Residents requiring restraints.	51	28.7	40.4	40.4
Confused or disoriented residents.	104	58.4	59.0	58.6
Residents with bed sores.	8	4.5	8.8	7.6
Residents receiving special skin care.	11	6.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants	N/A	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F132* F134 F170 F174 F175 F186
F191* F199 F206 F218* F219 F321 F340* F342
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVERVIEW EXTENDED CARE RESIDENCE

Street Address: 55 W FRONT ST		**City and State:** RED BANK, NJ 07701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	2	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	66.0	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	75	75.0	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	68	68.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	62.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	17.0	37.8	39.1
Completely bedfast residents.	1	1.0	2.5	3.2
Residents confined to chairs.	55	55.0	51.9	52.3
Residents requiring restraints.	25	25.0	40.4	40.4
Confused or disoriented residents.	41	41.0	59.0	58.6
Residents with bed sores.	8	8.0	8.8	7.6
Residents receiving special skin care.	19	19.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	NOT MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3723	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F111* F114 F116 F118 F119 F126 F130
F132* F133* F134 F143 F170 F174 F175 F181*
F189 F190 F191* F199 F206 F215 F218* F219
F224 F227 F242* F321 F332* F341 F342 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIDGEWOOD NURSING HOME

Street Address: 330 FRANKLIN TURNPIKE		**City and State:** RIDGEWOOD, NJ 07450	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	77.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	77	86.5	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	60	67.4	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	83.1	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	57.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	8	9.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	44.9	37.8	39.1
Completely bedfast residents.	1	1.1	2.5	3.2
Residents confined to chairs.	28	31.5	51.9	52.3
Residents requiring restraints.	50	56.2	40.4	40.4
Confused or disoriented residents.	50	56.2	59.0	58.6
Residents with bed sores.	5	5.6	8.8	7.6
Residents receiving special skin care.	10	11.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis	NOT MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084
F127*
F134
F139
F167*
F169
F170
F173*
F179
F181*
F182
F198
F206
F322*
F324*
F332*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAPTIST HOME OF SOUTH JERSEY

Street Address: 303 BANK STREET		**City and State:** RIVERTON, NJ 08077	
Participation: MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/15/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	75.0	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	27	75.0	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	25	69.4	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	63.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	72.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	2.8	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	30.6	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	12	33.3	51.9	52.3
Residents requiring restraints.	1	2.8	40.4	40.4
Confused or disoriented residents.	11	30.6	59.0	58.6
Residents with bed sores.	6	16.7	8.8	7.6
Residents receiving special skin care.	11	30.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F139 F191* F224 F227 F321 F322* F332* F349
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CINNAMINSON MANOR

Street Address: 1700 WYNWOOD DR		**City and State:** RIVERTON, NJ 08077	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	9	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	77.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	87	93.5	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	73	78.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	86.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	89.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	4.3	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	40	43.0	37.8	39.1
Completely bedfast residents.	1	1.1	2.5	3.2
Residents confined to chairs.	79	84.9	51.9	52.3
Residents requiring restraints.	52	55.9	40.4	40.4
Confused or disoriented residents.	53	57.0	59.0	58.6
Residents with bed sores.	3	3.2	8.8	7.6
Residents receiving special skin care.	15	16.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F109 F114 F118 F126 F167* F169 F170 F199
F204 F206 F224 F237* F322* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JEWISH HOSP REHAB CENTER

Street Address: 685 WESTWOOD AVE		**City and State:** RIVERVALE, NJ 07675	
Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	78.3	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	43	93.5	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	38	82.6	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	84.8	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	69.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	2.2	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	30.4	37.8	39.1
Completely bedfast residents.	2	4.3	2.5	3.2
Residents confined to chairs.	21	45.7	51.9	52.3
Residents requiring restraints.	18	39.1	40.4	40.4
Confused or disoriented residents.	31	67.4	59.0	58.6
Residents with bed sores.	2	4.3	8.8	7.6
Residents receiving special skin care.	7	15.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F199 F206 F207 F250 F274 F298 F321
F322* F323

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRISTOL MANOR NURSING HOME

Street Address: 96 PARKWAY AVE		**City and State:** ROCHELLE PARK, NJ 07662	
Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 0	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	87.1	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	140	81.9	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	119	69.6	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	84.2	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	66.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	5	2.9	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	119	69.6	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	115	67.3	51.9	52.3
Residents requiring restraints.	86	50.3	40.4	40.4
Confused or disoriented residents.	88	51.5	59.0	58.6
Residents with bed sores.	55	32.2	8.8	7.6
Residents receiving special skin care.	53	31.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/39	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F126 F128* F130 F131* F134 F167* F170
F175 F176 F191* F224 F244 F322* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BERGEN COUNTY ICF

Street Address: 35 PIERMONT ROAD		**City and State:** ROCKLEIGH, NJ 07647	
Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	50.7	57.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	67.2	62.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	14	20.9	43.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	7.5	49.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	22.4	38.8	59.1
Residents on individually written bowel and bladder retraining program.	2	3.0	2.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	4.5	19.7	30.4
Completely bedfast residents.	0	0.0	0.1	2.8
Residents confined to chairs.	0	0.0	21.3	40.9
Residents requiring restraints.	1	1.5	22.3	30.9
Confused or disoriented residents.	37	55.2	55.5	55.4
Residents with bed sores.	2	3.0	2.9	4.8
Residents receiving special skin care.	12	17.9	17.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	6.3	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	4	25.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	5	31.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	1	6.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	2	12.5	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	1	6.3	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	6.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	11	68.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	6	37.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	25.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	6.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	8	50.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	6.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	4	25.0	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F191* F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKWOOD CONVALESCENT HOME

Street Address: 30 LEGREGNI STREET		**City and State:** SADDLE BROOK, NJ 07662	
Participation: MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	64.7	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	42	82.4	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	37	72.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	68.6	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	66.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	3.9	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	35.3	37.8	39.1
Completely bedfast residents.	5	9.8	2.5	3.2
Residents confined to chairs.	25	49.0	51.9	52.3
Residents requiring restraints.	22	43.1	40.4	40.4
Confused or disoriented residents.	33	64.7	59.0	58.6
Residents with bed sores.	4	7.8	8.8	7.6
Residents receiving special skin care.	16	31.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F130 F133* F170 F191* F199 F224 F322*
F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SADDLE BROOK CONVALESCENT HOME

Street Address: 15 CALDWELL AVE		**City and State:** SADDLE BROOK, NJ 07662	
Participation: MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	98.0	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	45	90.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	46	92.0	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	82.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	88.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	2.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	32.0	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	26	52.0	51.9	52.3
Residents requiring restraints.	34	68.0	40.4	40.4
Confused or disoriented residents.	0	0.0	59.0	58.6
Residents with bed sores.	6	12.0	8.8	7.6
Residents receiving special skin care.	22	44.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F170 F207 F224 F321 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SALEM CO NURSING CONVALESCENT HOME

Street Address: 438 WOODSTOWN RD

City and State: SALEM, NJ 08079

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 110

Type of Ownership: LOCAL GOVERNMENT

Survey Date: 07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103

Medicare Residents: 0

Medicaid Residents: 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	71.8	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	97	94.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	94	91.3	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	94.2	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	80.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	1.9	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	60.2	37.8	39.1
Completely bedfast residents.	1	1.0	2.5	3.2
Residents confined to chairs.	61	59.2	51.9	52.3
Residents requiring restraints.	31	30.1	40.4	40.4
Confused or disoriented residents.	65	63.1	59.0	58.6
Residents with bed sores.	3	2.9	8.8	7.6
Residents receiving special skin care.	3	2.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F126 F127* F133* F170 F206 F224 F230
F231 F321 F322* F332* F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ASHBROOK NH

Street Address: 1610 RARITAN RD		**City and State:** SCOTCH PLAINS, NJ 07076	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	3	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	75.2	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	92	78.6	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	90	76.9	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	76.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	63.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	3.4	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	38.5	37.8	39.1
Completely bedfast residents.	3	2.6	2.5	3.2
Residents confined to chairs.	80	68.4	51.9	52.3
Residents requiring restraints.	67	57.3	40.4	40.4
Confused or disoriented residents.	60	51.3	59.0	58.6
Residents with bed sores.	15	12.8	8.8	7.6
Residents receiving special skin care.	5	4.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F098 F099 F100 F101 F115 F118
F123* F124 F125* F126 F127* F128* F129* F130
F132* F133* F134 F167* F168* F170 F175 F182
F191* F199 F206 F322* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HUDSON CO MEADOWVIEW HOSP LTC

Street Address: 595 CO AVE		**City and State:** SECAUCUS, NJ 07094	
Participation: MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	56.4	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	51	50.5	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	60	59.4	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	54.5	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	32.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	37.6	37.8	39.1
Completely bedfast residents.	4	4.0	2.5	3.2
Residents confined to chairs.	29	28.7	51.9	52.3
Residents requiring restraints.	0	0.0	40.4	40.4
Confused or disoriented residents.	49	48.5	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	10	9.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F139 F140 F206 F224 F294 F321 F332*
F342 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HUDSON CO MEADOWVIEW ICF

Street Address:
595 CO AVE

City and State:
SECAUCUS, NJ 07094

Participation:
MEDICAID ICF

# of Beds:
440

Type of Ownership:
LOCAL GOVERNMENT

Survey Date:
11/03/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
300

Medicare Residents:
0

Medicaid Residents:
300

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	16.7	57.5	78.5
Dressing Residents requiring some or total assistance in dressing.	97	32.3	62.8	76.5
Toileting Residents requiring some or total assistance in toileting.	13	4.3	43.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	6.7	49.8	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	2.0	38.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	1.7	19.7	30.4
Completely bedfast residents.	0	0.0	0.1	2.8
Residents confined to chairs.	5	1.7	21.3	40.9
Residents requiring restraints.	0	0.0	22.3	30.9
Confused or disoriented residents.	64	21.3	55.5	55.4
Residents with bed sores.	0	0.0	2.9	4.8
Residents receiving special skin care.	5	1.7	17.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	6.3	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	4	25.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	5	31.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	1	6.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	2	12.5	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	1	6.3	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	6.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	11	68.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	6	37.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	4	25.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	6.3	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	8	50.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	6.3	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	4	25.0	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F072 F074 F127* F170 F191* F218* F224 F283
F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GLOUCESTER MANOR H C C

Street Address: GLASSBORO WOODBURY RD		**City and State:** SEWELL, NJ 08080	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 226	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
152	11	132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	80.3	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	131	86.2	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	115	75.7	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	56.6	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	62.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	56	36.8	37.8	39.1
Completely bedfast residents.	1	0.7	2.5	3.2
Residents confined to chairs.	82	53.9	51.9	52.3
Residents requiring restraints.	41	27.0	40.4	40.4
Confused or disoriented residents.	103	67.8	59.0	58.6
Residents with bed sores.	11	7.2	8.8	7.6
Residents receiving special skin care.	64	42.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F114 F126 F127* F134 F170 F180
F181* F191* F197 F199 F206 F321 F322* F331
F332* F338 F339 F340* F341 F342 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEALTH CARE CENTER AT WASHINGTON

Street Address:	**City and State:**
PO BOX 110A RR1	SEWELL, NJ 08080

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	03/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	7	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	78.3	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	93	80.9	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	83	72.2	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	80.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	67.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	3	2.6	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	38.3	37.8	39.1
Completely bedfast residents.	2	1.7	2.5	3.2
Residents confined to chairs.	66	57.4	51.9	52.3
Residents requiring restraints.	58	50.4	40.4	40.4
Confused or disoriented residents.	68	59.1	59.0	58.6
Residents with bed sores.	11	9.6	8.8	7.6
Residents receiving special skin care.	33	28.7	29.3	31.4

SEWELL, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F119 F126 F127* F134 F135 F170 F173*
F175 F176 F179 F180 F181* F182 F191* F199
F204 F206 F207 F227 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OCEAN POINT NURSING CONV CENTER

Street Address: BAY AVE & HARBOR LANE		**City and State:** SOMERS POINT, NJ 08244	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 145	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
137	3	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	86.9	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	122	89.1	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	99	72.3	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	83.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	67.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	31.4	37.8	39.1
Completely bedfast residents.	1	0.7	2.5	3.2
Residents confined to chairs.	95	69.3	51.9	52.3
Residents requiring restraints.	43	31.4	40.4	40.4
Confused or disoriented residents.	61	44.5	59.0	58.6
Residents with bed sores.	4	2.9	8.8	7.6
Residents receiving special skin care.	77	56.2	29.3	31.4

SOMERS POINT, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	43	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F100 F119 F123* F124 F125* F127* F128*
F131* F132* F134 F170 F175 F176 F181* F182
F191* F199 F214 F215 F216 F217 F218* F219
F220 F224 F233 F234 F235 F236 F237* F242*
F250 F321 F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CENTRAL N J JEWISH HOME FOR AGED

Street Address: 380 DEMOTT LANE		**City and State:** SOMERSET, NJ 08873	
Participation: MEDICAID SNF/ICF	**# of Beds:** 245	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	89.3	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	110	90.9	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	64	52.9	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	88.4	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	51.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	29.8	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	62	51.2	51.9	52.3
Residents requiring restraints.	41	33.9	40.4	40.4
Confused or disoriented residents.	78	64.5	59.0	58.6
Residents with bed sores.	4	3.3	8.8	7.6
Residents receiving special skin care.	20	16.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F119 F126 F133* F141 F142 F167* F168*
F170 F185 F206 F218* F220 F227 F261 F332*
F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KING JAMES NH OF SOMERSET

Street Address: 1165 EASTON AVE		**City and State:** SOMERSET, NJ 08873	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 11	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	74.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	140	84.8	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	113	68.5	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	83.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	68.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	2.4	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	41.2	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	56	33.9	51.9	52.3
Residents requiring restraints.	67	40.6	40.4	40.4
Confused or disoriented residents.	92	55.8	59.0	58.6
Residents with bed sores.	24	14.5	8.8	7.6
Residents receiving special skin care.	46	27.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F116 F119 F170 F181* F191* F321 F332*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARGARET MCLAUGHLIN MCCARRICK CARE INC

Street Address: 15 DELLWOOD DRIVE		**City and State:** SOMERSET, NJ 08873	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	1	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	89.2	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	110	91.7	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	96	80.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	80.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	60.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	108	90.0	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	96	80.0	51.9	52.3
Residents requiring restraints.	42	35.0	40.4	40.4
Confused or disoriented residents.	26	21.7	59.0	58.6
Residents with bed sores.	9	7.5	8.8	7.6
Residents receiving special skin care.	11	9.2	29.3	31.4

SOMERSET, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F100 F114 F126 F127* F129* F170 F182
F191* F196* F197 F199 F206 F210 F224 F227
F237* F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARRIAGE HOUSE MANOR

Street Address: ERNSTON RD AT GARDEN STATE PARKWAY		**City and State:** SOUTH AMBOY, NJ 08879	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 220	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
200	18	146

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	175	87.5	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	162	81.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	153	76.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	68.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	156	78.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	8	4.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	56	28.0	37.8	39.1
Completely bedfast residents.	1	0.5	2.5	3.2
Residents confined to chairs.	87	43.5	51.9	52.3
Residents requiring restraints.	112	56.0	40.4	40.4
Confused or disoriented residents.	98	49.0	59.0	58.6
Residents with bed sores.	16	8.0	8.8	7.6
Residents receiving special skin care.	59	29.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F102 F134 F139 F169 F170 F180
F189 F191* F197 F198 F199 F207 F224 F230
F237* F322* F330 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CEDAR OAKS CARECENTER

Street Address:
1311 DURHAM AVE

City and State:
SOUTH PLAINFIELD, NJ 07080

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
120

Type of Ownership:
PROPRIETARY

Survey Date:
10/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
113

Medicare Residents:
6

Medicaid Residents:
63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing	87	77.0	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	85	75.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	78	69.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	67.3	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	61.9	69.7	69.4
Residents on individually written bowel and bladder retraining program	2	1.8	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	29.2	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	65	57.5	51.9	52.3
Residents requiring restraints.	48	42.5	40.4	40.4
Confused or disoriented residents.	48	42.5	59.0	58.6
Residents with bed sores.	9	8.0	8.8	7.6
Residents receiving special skin care.	14	12.4	29.3	31.4

SOUTH PLAINFIELD, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1523	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F133* F170 F199 F261 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VINELAND NURSING CENTER INC

Street Address:
1640 S LINCOLN AVE

City and State:
SOUTH VINELAND, NJ 08360

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
180

Type of Ownership:
PROPRIETARY

Survey Date:
06/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
159

Medicare Residents:
10

Medicaid Residents:
139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	63.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	112	70.4	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	140	88.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	63.5	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	74.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	2.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	89	56.0	37.8	39.1
Completely bedfast residents.	5	3.1	2.5	3.2
Residents confined to chairs.	79	49.7	51.9	52.3
Residents requiring restraints.	61	38.4	40.4	40.4
Confused or disoriented residents.	78	49.1	59.0	58.6
Residents with bed sores.	12	7.5	8.8	7.6
Residents receiving special skin care.	19	11.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SOUTH VINELAND, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F111* F112* F114 F116 F127* F133* F137
F142 F170 F193 F194 F195 F196* F199 F204
F206 F224 F231 F244 F321 F322* F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STRATFORD NURSING CONV CENTER

Street Address:
LAUREL WARICK ROAD

City and State:
STRATFORD, NJ 08084

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
104

Type of Ownership:
PROPRIETARY

Survey Date:
03/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
102

Medicare Residents:
16

Medicaid Residents:
66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	89.2	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	91	89.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	79	77.5	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	77.5	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	77.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	40.2	37.8	39.1
Completely bedfast residents.	13	12.7	2.5	3.2
Residents confined to chairs.	33	32.4	51.9	52.3
Residents requiring restraints.	25	24.5	40.4	40.4
Confused or disoriented residents.	62	60.8	59.0	58.6
Residents with bed sores.	7	6.9	8.8	7.6
Residents receiving special skin care.	68	66.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

STRATFORD, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F170 F175 F197 F199 F227 F244 F342
F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERRY HEART NURSING HOME

Street Address: 200 RT 10		**City and State:** SUCCASUNNA, NJ 07876	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 1	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	80.0	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	55	91.7	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	48	80.0	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	80.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	88.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	3	5.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	33.3	37.8	39.1
Completely bedfast residents.	1	1.7	2.5	3.2
Residents confined to chairs.	25	41.7	51.9	52.3
Residents requiring restraints.	20	33.3	40.4	40.4
Confused or disoriented residents.	31	51.7	59.0	58.6
Residents with bed sores.	4	6.7	8.8	7.6
Residents receiving special skin care.	18	30.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F062 F080* F100 F128* F129* F130 F167*
F170 F175 F191* F195 F198* F199 F204 F205
F206 F222 F224 F227 F236 F237* F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TEANECK NH

Street Address: 1104 TEANECK RD		**City and State:** TEANECK, NJ 07666	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	4	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	76.7	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	80	77.7	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	72	69.9	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	76.7	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	62.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	33.0	37.8	39.1
Completely bedfast residents.	1	1.0	2.5	3.2
Residents confined to chairs.	78	75.7	51.9	52.3
Residents requiring restraints.	44	42.7	40.4	40.4
Confused or disoriented residents.	50	48.5	59.0	58.6
Residents with bed sores.	6	5.8	8.8	7.6
Residents receiving special skin care.	18	17.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F116 F119 F126 F137 F170 F175 F180
F191* F206 F218* F321 F322* F342 F346 F354

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTY MANOR NURSING HOME

Street Address: 133 COUNTY ROAD		**City and State:** TENAFLY, NJ 07670	
Participation: MEDICARE SNF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	53.6	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	14	50.0	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	16	57.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	57.1	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	42.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	3.6	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	21.4	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	7	25.0	51.9	52.3
Residents requiring restraints.	10	35.7	40.4	40.4
Confused or disoriented residents.	11	39.3	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	1	3.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F191* F196* F199 F224 F232 F260 F332*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TINTON FALLS CONVA CENTER

Street Address: 524 WARDELL ROAD		**City and State:** TINTON FALLS, NJ 07753	
Participation: MEDICAID SNF/ICF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	74.1	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	88	81.5	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	80	74.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	69.4	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	66.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	38.0	37.8	39.1
Completely bedfast residents.	1	0.9	2.5	3.2
Residents confined to chairs.	76	70.4	51.9	52.3
Residents requiring restraints.	36	33.3	40.4	40.4
Confused or disoriented residents.	86	79.6	59.0	58.6
Residents with bed sores.	7	6.5	8.8	7.6
Residents receiving special skin care.	13	12.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F118 F119 F126 F127* F128* F129* F132"
F137 F170 F180 F191* F197 F199 F206 F207
F218* F224 F321 F332* F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEY LEA VILLAGE

Street Address: 1351 OLD FREEHOLD RD

City and State: TOMS RIVER, NJ 08753

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 120

Type of Ownership: PROPRIETARY

Survey Date: 03/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96

Medicare Residents: 15

Medicaid Residents: 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	78.1	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	88	91.7	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	81	84.4	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	80.2	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	82.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	1.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	28.1	37.8	39.1
Completely bedfast residents.	2	2.1	2.5	3.2
Residents confined to chairs.	76	79.2	51.9	52.3
Residents requiring restraints.	37	38.5	40.4	40.4
Confused or disoriented residents.	77	80.2	59.0	58.6
Residents with bed sores.	10	10.4	8.8	7.6
Residents receiving special skin care.	28	29.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F170 F173* F199 F206 F224 F236 F316
F321 F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRY MANOR CARE CENTER

Street Address: 16 WHITESVILLE RD		**City and State:** TOMS RIVER, NJ 08753	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 223	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/30/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
212	2	135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	190	89.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	193	91.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	187	88.2	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	84.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	186	87.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	5	2.4	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	134	63.2	37.8	39.1
Completely bedfast residents.	6	2.8	2.5	3.2
Residents confined to chairs.	179	84.4	51.9	52.3
Residents requiring restraints.	118	55.7	40.4	40.4
Confused or disoriented residents.	104	49.1	59.0	58.6
Residents with bed sores.	98	46.2	8.8	7.6
Residents receiving special skin care.	111	52.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F127* F170 F175 F180 F191* F224 F332*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GARDEN STATE REHABILITATION

Street Address: 14 HOSPITAL DR		**City and State:** TOMS RIVER, NJ 08753	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	81.2	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	64	92.8	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	60	87.0	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	82.6	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	69.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	37	53.6	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	63	91.3	51.9	52.3
Residents requiring restraints.	44	63.8	40.4	40.4
Confused or disoriented residents.	20	29.0	59.0	58.6
Residents with bed sores.	21	30.4	8.8	7.6
Residents receiving special skin care.	52	75.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F133* F170 F197 F199 F322* F331 F332*
F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREEN ACRES MANOR

Street Address: 1931 LAKEWOOD RD		**City and State:** TOMS RIVER, NJ 08753	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	10	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	77.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	76	90.5	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	71	84.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	72.6	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	61.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	2.4	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	21.4	37.8	39.1
Completely bedfast residents.	3	3.6	2.5	3.2
Residents confined to chairs.	13	15.5	51.9	52.3
Residents requiring restraints.	19	22.6	40.4	40.4
Confused or disoriented residents.	44	52.4	59.0	58.6
Residents with bed sores.	3	3.6	8.8	7.6
Residents receiving special skin care.	6	7.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	NOT MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F107 F108 F109 F114 F118 F119 F129*
F131* F132* F167* F170 F191* F199 F206 F218*
F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOLIDAY CARE CENTER

Street Address: 4 PLAZA DRIVE	**City and State:** TOMS RIVER, NJ 08757

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	152	87.4	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	138	79.3	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	121	69.5	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	87.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	69.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	6	3.4	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	39.1	37.8	39.1
Completely bedfast residents.	2	1.1	2.5	3.2
Residents confined to chairs.	78	44.8	51.9	52.3
Residents requiring restraints.	65	37.4	40.4	40.4
Confused or disoriented residents.	103	59.2	59.0	58.6
Residents with bed sores.	9	5.2	8.8	7.6
Residents receiving special skin care.	15	8.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F191* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY REST NH

Street Address: 56 BOGERT ST	**City and State:** TOTOWA BORO, NJ 07512

Participation: MEDICAID SNF/ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	90.0	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	27	90.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	27	90.0	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	83.3	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	76.7	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	6.7	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	33.3	37.8	39.1
Completely bedfast residents.	2	6.7	2.5	3.2
Residents confined to chairs.	12	40.0	51.9	52.3
Residents requiring restraints.	16	53.3	40.4	40.4
Confused or disoriented residents.	30	100	59.0	58.6
Residents with bed sores.	2	6.7	8.8	7.6
Residents receiving special skin care.	30	100	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F119 F123* F140 F170 F176 F180 F189
F191* F224 F229 F232 F264 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST JOSEPHS HOME FOR THE ELDERLY

Street Address: 140 SHEPHERD LANE		**City and State:** TOTOWA, NJ 07512	
Participation: MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	93.1	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	62	86.1	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	55	76.4	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	70.8	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	63.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	31.9	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	43	59.7	51.9	52.3
Residents requiring restraints.	21	29.2	40.4	40.4
Confused or disoriented residents.	20	27.8	59.0	58.6
Residents with bed sores.	5	6.9	8.8	7.6
Residents receiving special skin care.	22	30.6	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F199 F206 F218* F273 F288 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EWING PARKWAY NURSING HOME INC

Street Address: 1201 PARKWAY AVE		**City and State:** TRENTON, NJ 08628	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	5	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	76.3	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	79	84.9	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	72	77.4	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	72.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	63.4	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	4.3	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	21.5	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	57	61.3	51.9	52.3
Residents requiring restraints.	48	51.6	40.4	40.4
Confused or disoriented residents.	54	58.1	59.0	58.6
Residents with bed sores.	2	2.2	8.8	7.6
Residents receiving special skin care.	43	46.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

TRENTON, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F119 F126 F127* F130 F134 F137 F170
F180 F182 F185 F196* F219 F288 F293* F321
F322* F341 F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENWOOD HOUSE HOME FOR JEWISH AGED

Street Address: 53 WALTER ST		**City and State:** TRENTON, NJ 08628	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	4	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	76.7	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	97	83.6	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	79	68.1	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	79.3	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	68.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	44.0	37.8	39.1
Completely bedfast residents.	3	2.6	2.5	3.2
Residents confined to chairs.	77	66.4	51.9	52.3
Residents requiring restraints.	65	56.0	40.4	40.4
Confused or disoriented residents.	85	73.3	59.0	58.6
Residents with bed sores.	3	2.6	8.8	7.6
Residents receiving special skin care.	11	9.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect residents' care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F170 F173* F224 F231 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KING JAMES CARE CENTER OF MERCER

Street Address: 1501 STATE HIGHWAY 33		**City and State:** TRENTON, NJ 08690	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	3	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	75.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	95	86.4	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	91	82.7	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	83.6	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	80.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	17	15.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	26.4	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	100	90.9	51.9	52.3
Residents requiring restraints.	74	67.3	40.4	40.4
Confused or disoriented residents.	65	59.1	59.0	58.6
Residents with bed sores.	7	6.4	8.8	7.6
Residents receiving special skin care.	58	52.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F116 F118 F119 F126 F127* F128* F131*
F167* F170 F175 F180 F191* F199 F206 F218*
F342 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERCER CONVALESCENT CENTER

Street Address: 439 BELLEVUE AVENUE		**City and State:** TRENTON, NJ 08618	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	6	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	36.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	79	79.8	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	79	79.8	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	79.8	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	79.8	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	4.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	18.2	37.8	39.1
Completely bedfast residents.	1	1.0	2.5	3.2
Residents confined to chairs.	20	20.2	51.9	52.3
Residents requiring restraints.	45	45.5	40.4	40.4
Confused or disoriented residents.	45	45.5	59.0	58.6
Residents with bed sores.	8	8.1	8.8	7.6
Residents receiving special skin care.	15	15.2	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F101 F114 F126 F128* F129* F130 F133*
F134 F139 F167* F170 F173* F175 F191* F236
F322* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERCER COUNTY GERIATRIC CENTER

Street Address: 2238 HAMILTON AVE		**City and State:** TRENTON, NJ 08619	
Participation: MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
231	0	231

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	199	86.1	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	201	87.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	175	75.8	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	82.7	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	199	86.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	16	6.9	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	88	38.1	37.8	39.1
Completely bedfast residents.	7	3.0	2.5	3.2
Residents confined to chairs.	160	69.3	51.9	52.3
Residents requiring restraints.	112	48.5	40.4	40.4
Confused or disoriented residents.	131	56.7	59.0	58.6
Residents with bed sores.	26	11.3	8.8	7.6
Residents receiving special skin care.	82	35.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	46	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F07[illegible]* F114 F126 F127* F129* F132* F134 F170
F181* F189 F191* F199 F204 F206 F207 F210
F215 F217 F218* F219 F332* F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MILLHOUSE RES HEALTH CARE CENTER

Street Address: 325 JERSEY ST	**City and State:** TRENTON, NJ 08611

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
156	13	127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	73.7	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	145	92.9	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	141	90.4	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	71.2	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	60.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	52	33.3	37.8	39.1
Completely bedfast residents.	7	4.5	2.5	3.2
Residents confined to chairs.	82	52.6	51.9	52.3
Residents requiring restraints.	57	36.5	40.4	40.4
Confused or disoriented residents.	95	60.9	59.0	58.6
Residents with bed sores.	4	2.6	8.8	7.6
Residents receiving special skin care.	28	17.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F098 F100 F101 F102 F123* F124 F125*
F126 F127* F128* F133* F134 F167* F168* F170
F173* F174 F175 F189 F190 F191* F197 F199
F206 F215 F218* F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEACREST VILLAGE NH

Street Address: CENTER ST	**City and State:** TUCKERTON, NJ 08087

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 14	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	95.7	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	107	91.5	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	97	82.9	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	79.5	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	82.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	32.5	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	112	95.7	51.9	52.3
Residents requiring restraints.	57	48.7	40.4	40.4
Confused or disoriented residents.	113	96.6	59.0	58.6
Residents with bed sores.	8	6.8	8.8	7.6
Residents receiving special skin care.	93	79.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F170 F180 F181* F199 F206 F224 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CORNELL HALL CONVALESCENT CENTER

Street Address: 234 CHESTNUT STREET		**City and State:** UNION, NJ 07083	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
153	7	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	83.7	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	126	82.4	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	122	79.7	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	79.7	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	69.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	8	5.2	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	58	37.9	37.8	39.1
Completely bedfast residents.	6	3.9	2.5	3.2
Residents confined to chairs.	91	59.5	51.9	52.3
Residents requiring restraints.	91	59.5	40.4	40.4
Confused or disoriented residents.	111	72.5	59.0	58.6
Residents with bed sores.	10	6.5	8.8	7.6
Residents receiving special skin care.	47	30.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F127* F128* F129* F132* F134 F170 F174
F175 F207 F224 F260 F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLEASANT VIEW MANOR

Street Address: 2385 SPRINGFIELD AVE		**City and State:** VAUXHALL, NJ 07088	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	5	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	69.0	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	58	69.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	57	67.9	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	78.6	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	67.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	23.8	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	28	33.3	51.9	52.3
Residents requiring restraints.	58	69.0	40.4	40.4
Confused or disoriented residents.	50	59.5	59.0	58.6
Residents with bed sores.	5	6.0	8.8	7.6
Residents receiving special skin care.	21	25.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification on of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F099 F100 F101 F102 F123* F124 F125*
F126 F127* F128* F129* F132* F133* F134 F139
F141 F167* F168* F169 F170 F171 F172 F173*
F179 F180 F181* F182 F189 F190 F191* F196*
F199 F206 F232 F236 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BISHOP MCCARTHY RESIDENCE

Street Address: 1045 E CHESTNUT AVE		**City and State:** VINELAND, NJ 08360	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 147	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
140	12	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	96.4	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	127	90.7	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	105	75.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	82.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	73.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	56.4	37.8	39.1
Completely bedfast residents.	7	5.0	2.5	3.2
Residents confined to chairs.	102	72.9	51.9	52.3
Residents requiring restraints.	62	44.3	40.4	40.4
Confused or disoriented residents.	99	70.7	59.0	58.6
Residents with bed sores.	16	11.4	8.8	7.6
Residents receiving special skin care.	43	30.7	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F126 F129* F133* F134 F142 F170 F173*
F191* F199 F206 F218* F219 F224 F237* F322*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERIDAN NURSING CENTER

Street Address:
3001 MERIDAN AVE

City and State:
VOORHEES, NJ 08043

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
180

Type of Ownership:
PROPRIETARY

Survey Date:
11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
171

Medicare Residents:
4

Medicaid Residents:
90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	74.9	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	140	81.9	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	113	66.1	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	80.1	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	65.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	11	6.4	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	19.3	37.8	39.1
Completely bedfast residents.	5	2.9	2.5	3.2
Residents confined to chairs.	88	51.5	51.9	52.3
Residents requiring restraints.	46	26.9	40.4	40.4
Confused or disoriented residents.	133	77.8	59.0	58.6
Residents with bed sores.	10	5.8	8.8	7.6
Residents receiving special skin care.	17	9.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F180 F191* F199 F206 F261 F264 F322*
F332* F341 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALPS MANOR NH

Street Address: 1120 ALPS RD		**City and State:** WAYNE, NJ 07470	
Participation: MEDICAID SNF/ICF	**# of Beds:** 197	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
187	0	161

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	80.2	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	161	86.1	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	175	93.6	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	69.5	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	139	74.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	10	5.3	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	36.4	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	134	71.7	51.9	52.3
Residents requiring restraints.	30	16.0	40.4	40.4
Confused or disoriented residents.	137	73.3	59.0	58.6
Residents with bed sores.	9	4.8	8.8	7.6
Residents receiving special skin care.	75	40.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F133* F137 F167* F168* F170 F173*
F180 F191* F196* F199 F206 F283 F289 F321
F332* F333 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKEVIEW CONVALESCENT CENTER

Street Address: 130 TERHUNE DR		**City and State:** WAYNE, NJ 07470	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	13	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	75.2	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	110	94.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	104	88.9	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	91.5	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	76.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	60	51.3	37.8	39.1
Completely bedfast residents.	2	1.7	2.5	3.2
Residents confined to chairs.	102	87.2	51.9	52.3
Residents requiring restraints.	57	48.7	40.4	40.4
Confused or disoriented residents.	50	42.7	59.0	58.6
Residents with bed sores.	9	7.7	8.8	7.6
Residents receiving special skin care.	53	45.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F119 F133* F170 F191* F199 F206 F207
F211 F220 F227 F321 F332* F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LLANFAIR HOUSE

Street Address: 1140 BLACK OAK RIDGE RD		**City and State:** WAYNE, NJ 07470	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
171	1	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	69.0	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	114	66.7	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	106	62.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	62.6	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	66.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	3	1.8	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	29.8	37.8	39.1
Completely bedfast residents.	4	2.3	2.5	3.2
Residents confined to chairs.	65	38.0	51.9	52.3
Residents requiring restraints.	54	31.6	40.4	40.4
Confused or disoriented residents.	83	48.5	59.0	58.6
Residents with bed sores.	9	5.3	8.8	7.6
Residents receiving special skin care.	28	16.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F119 F120 F133* F170 F199 F206 F231
F321 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORTH JERSEY NURSING CONV CENTER

Street Address: 269 HAMBURG TURNPIKE		**City and State:** WAYNE, NJ 07470	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	13	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	79.5	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	105	93.8	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	88	78.6	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	83.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	71.4	69.7	69.4
Residents on individually written bowel and bladder retraining program.	5	4.5	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	41.1	37.8	39.1
Completely bedfast residents.	3	2.7	2.5	3.2
Residents confined to chairs.	57	50.9	51.9	52.3
Residents requiring restraints.	63	56.3	40.4	40.4
Confused or disoriented residents.	63	56.3	59.0	58.6
Residents with bed sores.	12	10.7	8.8	7.6
Residents receiving special skin care.	6	5.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F127* F128* F132* F137 F170 F173*
F189 F191* F224 F227 F321 F330 F338 F341
F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAK RIDGE MANOR NURSING CENTER

Street Address:
261 TERHUNE DRIVE

City and State:
WAYNE, NJ 07470

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
120

Type of Ownership:
PROPRIETARY

Survey Date:
05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
118

Medicare Residents:
7

Medicaid Residents:
86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	74.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	87	73.7	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	69	58.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	52.5	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	66.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	46	39.0	37.8	39.1
Completely bedfast residents.	4	3.4	2.5	3.2
Residents confined to chairs.	38	32.2	51.9	52.3
Residents requiring restraints.	42	35.6	40.4	40.4
Confused or disoriented residents.	68	57.6	59.0	58.6
Residents with bed sores.	13	11.0	8.8	7.6
Residents receiving special skin care.	34	28.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

WAYNE, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F170 F206 F219 F234 F236 F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WAYNE VIEW CARE CENTER

Street Address:
2020 ROUTE 23 NORTH

City and State:
WAYNE, NJ 07470

Participation:
MEDICAID SNF/ICF

# of Beds:
120

Type of Ownership:
PROPRIETARY

Survey Date:
11/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	0	1

Caution. A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	1	100	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	1	100	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	0	0.0	51.9	52.3
Residents requiring restraints.	0	0.0	40.4	40.4
Confused or disoriented residents.	0	0.0	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	0	0.0	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WEST CALDWELL CARE CENTER

Street Address: 165 FAIRFIELD AVE	**City and State:** WEST CALDWELL, NJ 07006

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 11	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	39.8	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	108	63.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	115	67.3	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	64.3	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	64.9	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	2.3	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	24.6	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	47	27.5	51.9	52.3
Residents requiring restraints.	67	39.2	40.4	40.4
Confused or disoriented residents.	72	42.1	59.0	58.6
Residents with bed sores.	8	4.7	8.8	7.6
Residents receiving special skin care.	21	12.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F117 F118 F120 F122* F127* F129* F170
F176 F189 F191* F197 F199 F204 F206 F207
F224 F230 F232 F250 F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEADER NURSING & REHAB CENTER

Street Address: 550 JESSUP ROAD		**City and State:** WEST DEPTFORD, NJ 08066	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	24	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	84.8	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	81	77.1	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	80	76.2	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	73.3	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	78.1	69.7	69.4
Residents on individually written bowel and bladder retraining program.	6	5.7	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	40	38.1	37.8	39.1
Completely bedfast residents.	1	1.0	2.5	3.2
Residents confined to chairs.	64	61.0	51.9	52.3
Residents requiring restraints.	24	22.9	40.4	40.4
Confused or disoriented residents.	34	32.4	59.0	58.6
Residents with bed sores.	7	6.7	8.8	7.6
Residents receiving special skin care.	41	39.0	29.3	31.4

WEST DEPTFORD, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WEST DEPTFORD, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F127* F128* F130 F167* F168* F170 F181*
F189 F190 F191* F195 F196* F199 F206 F321
F332* F333 F340* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MILFORD MANOR

Street Address: 69 MAPLE ROAD		**City and State:** WEST MILFORD, NJ 07480	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	71.7	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	84	84.8	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	88	88.9	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	77.8	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	81.8	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	48.5	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	59	59.6	51.9	52.3
Residents requiring restraints.	60	60.6	40.4	40.4
Confused or disoriented residents.	77	77.8	59.0	58.6
Residents with bed sores.	17	17.2	8.8	7.6
Residents receiving special skin care.	25	25.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F133* F137 F170 F173* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DAUGHTERS OF ISRAEL NURSING HOME

Street Address: 1155 PLEASANT VALLEY WAY		**City and State:** WEST ORANGE, NJ 07052	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 286	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
280	18	191

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	242	86.4	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	219	78.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	188	67.1	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	184	65.7	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	194	69.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	1	0.4	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	113	40.4	37.8	39.1
Completely bedfast residents.	2	0.7	2.5	3.2
Residents confined to chairs.	145	51.8	51.9	52.3
Residents requiring restraints.	34	12.1	40.4	40.4
Confused or disoriented residents.	166	59.3	59.0	58.6
Residents with bed sores.	7	2.5	8.8	7.6
Residents receiving special skin care.	203	72.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F133* F134 F167* F168* F170 F181*
F182 F196* F199 F206 F322* F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEMORIAL CENTER FOR WOMEN GREEN HILL

Street Address: 103 PLEASANT VALLEY WAY	**City and State:** WEST ORANGE, NJ 07052

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	73.8	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	72	85.7	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	72	85.7	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	75.0	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	53.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	2.4	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	23.8	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	14	16.7	51.9	52.3
Residents requiring restraints.	15	17.9	40.4	40.4
Confused or disoriented residents.	48	57.1	59.0	58.6
Residents with bed sores.	2	2.4	8.8	7.6
Residents receiving special skin care.	15	17.9	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F182 F191* F199 F218* F224 F264 F332*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORTHFIELD MANOR NH

Street Address: 777 NORTHFIELD AVE		**City and State:** WEST ORANGE, NJ 07052	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	7	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	70.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	93	80.9	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	85	73.9	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	73.0	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	70.4	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	3.5	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	63	54.8	37.8	39.1
Completely bedfast residents.	9	7.8	2.5	3.2
Residents confined to chairs.	32	27.8	51.9	52.3
Residents requiring restraints.	24	20.9	40.4	40.4
Confused or disoriented residents.	64	55.7	59.0	58.6
Residents with bed sores.	8	7.0	8.8	7.6
Residents receiving special skin care.	30	26.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F098 F100 F101 F102 F114 F123* F124
F125* F126 F128* F129* F130 F133* F134 F137
F139 F167* F168* F169 F170 F171 F172 F173*
F174 F175 F181* F191* F224 F227 F236 F321
F332* F340* F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
THERESA GROTTA CTR FOR REST SVS

Street Address: 20 SUMMIT STREET		**City and State:** WEST ORANGE, NJ 07052	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
132	22	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	80.3	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	113	85.6	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	113	85.6	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	74.2	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	65.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	48	36.4	37.8	39.1
Completely bedfast residents.	1	0.8	2.5	3.2
Residents confined to chairs.	96	72.7	51.9	52.3
Residents requiring restraints.	91	68.9	40.4	40.4
Confused or disoriented residents.	50	37.9	59.0	58.6
Residents with bed sores.	13	9.8	8.8	7.6
Residents receiving special skin care.	9	6.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WEST ORANGE, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F114 F126 F131* F137 F167* F169 F170
F173* F181* F191* F196* F197 F199 F207 F232
F250 F322* F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERIDIAN NURSING CENTER OF WESTFIELD

Street Address: 1515 LAMBERTS MILL RD	**City and State:** WESTFIELD, NJ 07090

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 223	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 215	**Medicare Residents:** 4	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	163	75.8	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	185	86.0	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	147	68.4	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	77.2	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	141	65.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	19	8.8	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	78	36.3	37.8	39.1
Completely bedfast residents.	5	2.3	2.5	3.2
Residents confined to chairs.	112	52.1	51.9	52.3
Residents requiring restraints.	109	50.7	40.4	40.4
Confused or disoriented residents.	49	22.8	59.0	58.6
Residents with bed sores.	15	7.0	8.8	7.6
Residents receiving special skin care.	107	49.8	29.3	31.4

WESTFIELD, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WESTFIELD, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F116 F119 F127* F134 F170 F189 F191*
F206 F218* F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOGAN MANOR NH

Street Address: 23 SCHOOLHOUSE RD	**City and State:** WHITING, NJ 08759

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	**Medicare Residents:** 0	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	75.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	138	78.4	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	131	74.4	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	84.7	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	138	78.4	69.7	69.4
Residents on individually written bowel and bladder retraining program.	7	4.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	65	36.9	37.8	39.1
Completely bedfast residents.	5	2.8	2.5	3.2
Residents confined to chairs.	80	45.5	51.9	52.3
Residents requiring restraints.	70	39.8	40.4	40.4
Confused or disoriented residents.	157	89.2	59.0	58.6
Residents with bed sores.	11	6.3	8.8	7.6
Residents receiving special skin care.	52	29.5	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one[illegible]e failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F116 F118 F119 F126 F134 F139
F170 F175 F181* F182 F191* F206 F218* F229
F230 F231 F332* F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOW VIEW NURSING CONVALESCENT CENT

Street Address: 1328 BLACK HORSE PIKE		**City and State:** WILLIAMSTOWN, NJ 08094	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
127	7	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	74.8	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	112	88.2	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	108	85.0	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	81.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	79.5	69.7	69.4
Residents on individually written bowel and bladder retraining program.	3	2.4	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	30.7	37.8	39.1
Completely bedfast residents.	2	1.6	2.5	3.2
Residents confined to chairs.	93	73.2	51.9	52.3
Residents requiring restraints.	46	36.2	40.4	40.4
Confused or disoriented residents.	60	47.2	59.0	58.6
Residents with bed sores.	6	4.7	8.8	7.6
Residents receiving special skin care.	34	26.8	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F206 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENBRIAR NURS CONV CTR

Street Address: GREENBRIAR NURSING CONV CTR		**City and State:** WOODBURY, NJ 08096	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 220	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/19/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
205	9	145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	173	84.4	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	194	94.6	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	155	75.6	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	81.5	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	162	79.0	69.7	69.4
Residents on individually written bowel and bladder retraining program.	19	9.3	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	140	68.3	37.8	39.1
Completely bedfast residents.	4	2.0	2.5	3.2
Residents confined to chairs.	150	73.2	51.9	52.3
Residents requiring restraints.	123	60.0	40.4	40.4
Confused or disoriented residents.	165	80.5	59.0	58.6
Residents with bed sores.	23	11.2	8.8	7.6
Residents receiving special skin care.	29	14.1	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	NOT MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F119 F126 F127* F128* F137 F167* F170
F173* F182 F185 F191* F317 F321 F322* F340*
F342 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WOODCLIFF LAKE MANOR NH

Street Address: 555 CHESTNUT RIDGE ROAD		**City and State:** WOODCLIFF LAKE, NJ 07675	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	4	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	79.6	79.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	93	94.9	83.8	84.0
Toileting				
Residents requiring some or total assistance in toileting.	93	94.9	74.2	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	94.9	75.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	65.3	69.7	69.4
Residents on individually written bowel and bladder retraining program.	4	4.1	3.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	51.0	37.8	39.1
Completely bedfast residents.	1	1.0	2.5	3.2
Residents confined to chairs.	87	88.8	51.9	52.3
Residents requiring restraints.	51	52.0	40.4	40.4
Confused or disoriented residents.	50	51.0	59.0	58.6
Residents with bed sores.	8	8.2	8.8	7.6
Residents receiving special skin care.	20	20.4	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F132* F170 F175 F176 F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRIENDS HOME AT WOODSTOWN

Street Address: FRIENDS DRIVE PO BOX 249	**City and State:** WOODSTOWN, NJ 08098

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	78.0	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	52	88.1	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	41	69.5	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	66.1	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	71.2	69.7	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	28.8	37.8	39.1
Completely bedfast residents.	0	0.0	2.5	3.2
Residents confined to chairs.	18	30.5	51.9	52.3
Residents requiring restraints.	19	32.2	40.4	40.4
Confused or disoriented residents.	40	67.8	59.0	58.6
Residents with bed sores.	0	0.0	8.8	7.6
Residents receiving special skin care.	36	61.0	29.3	31.4

WOODSTOWN, NJ

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

WOODSTOWN, NJ

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F191* F196* F199 F211 F264 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHRISTIAN HEALTH CARE CENTER

Street Address: 301 SICOMAC AVE		**City and State:** WYCKOFF, NJ 07481	
Participation: MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
196	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	81.6	79.0	82.0
Dressing Residents requiring some or total assistance in dressing.	172	87.8	83.8	84.0
Toileting Residents requiring some or total assistance in toileting.	154	78.6	74.2	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	89.3	75.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	56.6	69.7	69.4
Residents on individually written bowel and bladder retraining program.	2	1.0	3.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	70	35.7	37.8	39.1
Completely bedfast residents.	8	4.1	2.5	3.2
Residents confined to chairs.	79	40.3	51.9	52.3
Residents requiring restraints.	80	40.8	40.4	40.4
Confused or disoriented residents.	115	58.7	59.0	58.6
Residents with bed sores.	7	3.6	8.8	7.6
Residents receiving special skin care.	30	15.3	29.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	3	1.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	12	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.7	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	14	4.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	38	13.1	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	13	4.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	20	6.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	94	32.3	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	19.9	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	60	20.6	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	24	8.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	32	11.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	71	24.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	16.5	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	61	21.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	176	60.5	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	59	20.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	66	22.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	14	4.8	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	24	8.2	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	74	25.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	1	0.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	2	0.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	117	40.2	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	2	0.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	49	16.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	21	7.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	153	52.6	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F191* F199 F206 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REP[illegible]RT

LONG TERM CARE SURVEY

PROVIDER NUMBER

VENDOR NUMBER

SURVEY DATE

FACILITY NAME AND ADDRESS (*City, State, Zip Code*)

SURVEYORS' NAMES	TITLES

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Disci[illegible].

A. ☐ Administrator
B. ☐ Nurse
C. ☐ Dietitian
D. ☐ Pharmacist
E. ☐ Records Administr[illegible]
F. ☐ Social Worke[illegible]
G. ☐ Qualifi[illegible] [illegible]tardation Professional

H. ☐ Life Safety Code Specialist
I. ☐ Laboratorian
J. ☐ Sanitarian
K. ☐ Therapist
L. ☐ Physician
M. ☐ Psychologist
N. ☐ Other

Note: Mo[illegible] than [illegible] [illegible]pline may be marked for surveyors qualified in multiple disciplines.

[illegible] [illegible]dicate [illegible] [illegible]al Number of Surveyors Onsite: ____________________

APPENDIX

For[illegible] [illegible]19 (7-88)

(*CONTINUED ON REVERSE*)

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. ____________ F3 ☐ MEDICARE ________ F4 ☐ MEDICAID ________ F5 ☐ OTHER ______ F6 TOTAL RESIDENTS ______

CODE

BATHING

F7 ___ Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.

F8 ___ Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.

F9 ___ **TOTAL***

DRESSING

F10 ___ Number of residents totally dressed by another person.

F11 ___ Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)

F12 ___ Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.

F13 ___ **TOTAL***

TOILETING

F14 ___ Number of residents not toileted. (Use protective padding, catheter.)

F15 ___ Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.

F16 ___ Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.

F17 ___ **TOTAL***

TRANSFERRING

F18 ___ Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).

F19 ___ Number of residents needing assistance in transferring to toilet and tub only.

F20 ___ Number of residents able to complete all transfers independently (may or may not be using mechanical supports).

F21 ___ **TOTAL***

CODE

CONTINENCE

F22 ___ Number of residents with indwelling or external catheters.

F23 ___ Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.

F24 ___ Number of residents with urination and defecation entirely self-controlled.

F25 ___ **TOTAL***

FEEDING

F26 ___ Number of residents who receive enteral/parenteral feedings.

F27 ___ Number of residents who receive NG tube feedings.

F28 ___ Number of residents who require assistance in act of eating.

F29 ___ Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).

F30 ___ **TOTAL***

F31 ___ Number of completely bedfast residents.
F32 ___ Number of chairbound residents.
F33 ___ Number of ambulatory residents (may use cane, walker, or crutches).
F34 ___ Number of physically restrained residents (belt, vest, cuffs).
F35 ___ Number of residents receiving psychotropic drugs.
F36 ___ Number of confused or disoriented residents.
F37 ___ Number of residents with decubiti.
F38 ___ Number of residents on individually written bowel and bladder retraining program.
F39 ___ Number of residents receiving special skin care.
F40 ___ Number of residents receiving intravenous therapy and/or blood transfusion.
F41 ___ Number of residents requiring no assistance in ADLs.
F42 ___ Number of residents on self-administration of drugs.
F43 ___ Number of resident with contractures.
F44 ___ Number of residents receiving respiratory care.
F45 ___ Number of residents receiving tracheostomy care.
F46 ___ Number of residents receiving suctioning.
F47 ___ Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).
F48 ___ Number of residents receiving injections.
F49 ___ Number of residents receiving colostomy care

Form HCFA-519 (7-88)

*MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for SNFs**				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for ICFs**				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Medical Condition and Treatment**				
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	C. **Transfer and Discharge** Each resident is transferred or discharged only for:				
F65	1. Medical reasons.				
F66	2. His/her welfare or that of other residents.				
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.**				
	D. **Exercising Rights**				
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. Financial Affairs				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. Freedom from Abuse and Restraints				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. **Privacy**				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. **Work**				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. **Freedom of Association and Correspondence**				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. **Activities**				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. **Personal Possessions**				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. **Delegation of Rights and Responsibilities**				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to this standard for ICFs**				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. **Exception: Not required for ICF residents.**				
F121	C. **Emergency Services** SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
F123	**NURSING SERVICES** *(CONDITION OF PARTICIPATION)* SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for SNFs.**				
F125	ICF (442.338) ☐ MET ☐ NOT MET **Indicators A thru E apply to this standard for ICFs except where noted.**				
	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day.				
F126	1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.				
F136	11. Adequate resident care supplies are available for providing treatments.				
	B. Twenty-Four Hour Nursing Service				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. **Exception: Not required for ICFs.**				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.				
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Charge Nurse**				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Patient Care Management				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. **Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.**				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F179	**F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.** SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. **Administration of Drugs**				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. **Conformance with Physician Drug Orders**				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate ________% (See Form HCFA-522)				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets ________				
F201	Number of Therapeutic Diets ________				
F202	Number of Mechanically Altered Diets ________				
F203	Number of Tube Feedings ________				

Form HCFA-519 (7-88)

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Preparation**				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. **Frequency**				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
	E. **Staffing**				
F212	SNF (405.1125(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan of Care**				
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
	B. **Therapy**				
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
	C. **Progress**				
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**				
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. Supervision				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Labeling of Drugs and Biologicals				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan**				
F236	The medically related social and emotional needs of the resident are identified.				
	B. **Provision of Services**				
F237	Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*				
F270	SNF (405.1134) ☐ MET ☐ NOT MET				
	A. **Nursing Unit**				
F271	SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
	B.Dining and Activities Area				
F275	SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET **Indicators C and D apply to this standard for SNFS.**				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Therapy Areas				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. Facilities for Special Care				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. Common Resident Areas				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
	I. Maintenance of Building and Equipment				
F320	SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET **Indicators J thru L apply to ICFs.**				
	J. Dietetic Service Area				
F326	SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. **Hygiene of Dietary Staff** SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. **Dietary Sanitary Conditions** SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. **Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
F338	**INFECTION CONTROL *(CONDITION OF PARTICIPATION)*** SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. **Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	**B. Sanitation** SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	**C. Linen** SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	**D. Pest Control** SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
F350	**DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*** SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for ICFs.**				
F353	**A. Disaster Plan** 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B

CRUCIAL DATA EXTRACT

(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	**FACILITY NAME**	**SURVEY DATE**

SURVEY TEAM COMPOSITION

***F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:**

A. ________ ADMINISTRATOR
B. ________ NURSE
C. ________ DIETITIAN
D. ________ PHARMACIST
E. ________ RECORDS ADMINISTRATOR
F. ________ SOCIAL WORKER
G. ________ QUALIFIED MENTAL RETARDATION PROFESSIONAL

H. ________ LIFE SAFETY CODE SPECIALIST
I. ________ LABORATORIAN
J. ________ SANITARIAN
K. ________ THERAPIST
L. ________ PHYSICIAN
M. ________ PSYCHOLOGIST
N. ________ OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193: DRUG ERROR RATE: ______% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐

New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

Form HCFA-519E (7-88)

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